DOCUMENT RESUME

ED 382 916 CG 026 261

AUTHOR Mulhern, J. Sean
TITLE Pupil Services: A Resource and Planning Guide. Bulletin 95241.
INSTITUTION Wisconsin State Dept. of Public Instruction, Madison.
REPORT NO ISBN-1-57337-016-9
PUB DATE 95
NOTE 115p.
AVAILABLE FROM Publication Sales, Wisconsin Department of Public Instruction, Drawer 179, Milwaukee, WI 53293-0179.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Adolescents; Ancillary School Services; Children; Elementary Secondary Education; *Planning; Program Development; Program Guides; *Pupil Personnel Services; *Pupil Personnel Workers; *Resource Materials; School Counselors
IDENTIFIERS Wisconsin

ABSTRACT

This guide identifies key factors and considerations in developing a comprehensive, collaborative pupil services delivery system. In addition to describing what these considerations are, information is provided by developing a district and pupil services team. Emphasized here is the need for conceptualizing the delivery of pupil services within the context of a common framework that is connected to the total school environment. The importance of collaboration and integration are highlighted here. The guide is divided into five parts. Part one describes pupil services and the need for teamwork. It lists goals for educating children and provides details on how teamwork can improve service delivery. Part two outlines some of the issues faced by pupil service teams, such as certification and training, organization, and student-staff ratios. The third part addresses the functioning of pupil services delivery at the building level, approaching these services in terms of traditional services delivery and collaborative services delivery. Part four furnishes some of the key considerations for pupil services directors, such as organization of services, policy development, budgeting, personnel matters, and other concerns. The last section contains 12 appendices which provide information on resources, goals, ethics, administrative codes, and various other program details. (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 382 916

CG

PUPIL SERVICES

A Resource and Planning Guide

Wisconsin Department of Public Instruction

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
M. HARTOONIAN
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CG026261

BEST COPY AVAILABLE

Pupil Services:
A Resource and Planning Guide

J. Sean Mulhern
Consultant
School Psychological Services

Wisconsin Department of Public Instruction
Madison, Wisconsin

This publication is available from:

Publication Sales
Wisconsin Department of Public Instruction
Drawer 179
Milwaukee, WI 53293-0179
(800) 243-8782

Bulletin No. 95241

February 1995

© 1995 Wisconsin Department of Public Instruction

ISBN 1-57337-016-9

The Wisconsin Department of Public Instruction does not discriminate on the basis of sex, race, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.

Printed on
Recycled Paper

Contents

		Page
Foreword		v
Acknowledgments		vii
Introduction		ix
1	**Pupil Services and the Need to Team**	
	Introduction	1
	Goals For Educating Children	2
	Pupil Services Disciplines	3
	How Teamwork Can Improve Delivery	8
	Collaborative Teamwork	9
	References	13
2	**Issues for District Pupil Services Teams**	
	Certification and Training	15
	Organization	16
	Student-Staff Ratios	16
	Overview of District Team Building Procedures	17
	Team Mission, Goals, and Objectives	18
	Problem Solving	19
3	**The School Building Pupil Services Team**	
	Traditional Building Services Delivery	31
	Collaborative Building Services Delivery	32
4	**Key Considerations for Pupil Services Directors**	
	Organization of Services	47
	Policy Development	49
	Budgeting	49
	Personnel Matters	50
	Staff Development	51
	Supervision	51
	School Board Involvement	52
	Parent Involvement	55
	References	56
5	**Appendixes**	
	A. Resources	58
	B. Wisconsin Federation of Pupil Services Position Paper	64
	C. Wisconsin's Educational Goals	65
	D. The National Education Goals	67
	E. Chapter PI 3, Wisconsin Administrative Code: Licenses	68
	F. Chapter PI 4, Wisconsin Administrative Code: Teacher Education Program Approval	72
	G. American Nurses' Association Code for Nurses With Interpretive Statements	76
	H. American School Counselor Association Ethical Standards	84
	I. National Association of School Psychologists: Principles for Professional Ethics	88
	J. National Association of Social Workers: Standards for School Social Work Services	95
	K. State and National Pupil Services Associations	102
	L. Training Programs in Wisconsin	103

Foreword

The pupil services disciplines of school guidance counseling, school nursing, school psychology, and school social work are essential to the success of children in Wisconsin public schools. Professionals trained in these disciplines provide a bridge between learning and mental, physical, emotional, and social health factors that determine educational achievement and life success. These pupil services providers use a variety of strategies to help meet children's needs that include providing direct service to students, staff members, families, and acting as liaisons between classroom teachers, families, community agencies, and neighborhoods.

To provide the full range of pupil services, we must ensure that all disciplines are represented and accessible in the school setting on an ongoing, daily basis. I also believe that the delivery of pupil services must be provided in a collaborative team manner with the support and leadership of a pupil services administrator.

The need for working as collaborative pupil services teams and for establishing goals, objectives, and work plans is a major theme of this guide. I am convinced the guide will be an invaluable tool to school districts in their task of helping all children succeed in school and develop to their full potential.

John T. Benson
State Superintendent

Acknowledgments

Contributors

Much of the information contained in *Pupil Services: A Resource and Planning Guide* was contributed by the people who provide pupil services in Wisconsin schools. School pupil services providers supported the development of this guide by responding to drafts with their ideas, comments, and suggestions. Without their knowledge, experience, and dedication to children's healthy development, the guide could not have been written.

The following people contributed many hours of their time developing the ideas and overall content of this publication. Their support, encouragement, and commitment is deeply appreciated.

Sally Carlson, M.S.W.
Wisconsin School Social
Workers Association

Sue Clark, R.N., B.S.N.
School Nurses of Wisconsin

Darlene Enhagen, M.S.
Guidance and Counseling
Wisconsin School Counselors Association

Thomas Hall, M.S.E.
School Psychology, Council of
Administrators for Pupil Services

Daniel Hazaert, M.S.W.
School Social Work, Council of
Administrators for Pupil Services

Dan Hobson, M.S.
Guidance and Counseling
Wisconsin School Counselors Association

Steve Japuntich, M.S.E.
School Psychology, Council of
Administrators for Pupil Services

Gregory Jenks, M.S.E.
School Psychology, Wisconsin School
Psychologists Association

Alice Wilkens Mann, M.S.E.D.
Council of Administrators of
Special Education

Clare Marsh, M.S.E.
School Psychology, Wisconsin School
Psychologists Association

Judy Martin, N.C.S.P.
School Psychology, Wisconsin School
Psychologists Association

Ruth McClurg, R.N.
School Nurses of Wisconsin

Kurt Neudecker, M.S.
Guidance and Counseling, Wisconsin
School Counselors Association

Shirley Yaeger, R.N., B.S.N.
School Nurses of Wisconsin

Jeffrey Zdrale, Ph.D.
Director of Pupil Services
Neenah School District

Carol Ziesemer, M.S.W.
School Social Work, Wisconsin School Social
Workers Association

Staff Contributors

Division for Learning Support: Equity and Advocacy

Juanita S. Pawlisch,
Assistant Superintendent

Nancy F. Holloway, Director
Divisionwide Policy and Human Resources

Michael Thompson, Team Leader
Student Services, Prevention and Wellness Team

William A. Berkan
Consultant, School Social Work Services

Ken Brittingham
Consultant, Guidance and
Counseling Services

Cindy Ericksen
Consultant, School Nursing and
Health Services

Barbara Leadholm
Consultant, Speech and Language Impaired Programs

Division for Libraries and Community Learning

Publications Team

Kathleen Palmer, Text Editor
Brian Satrom, Text Editor
Victoria Horn, Graphic Artist
Neldine Nichols, Photographer
Margaret T. Dwyer, Proofreader
Kathy Addie, Management Information Technician
Dianne Penman, Management Information Technician

Special acknowledgment to DPI Library staff members Susan Bleimehl and Kay Ihlendfeldt, who located resources listed in this guide, and whose support and helpfulness is deeply appreciated.

Copyrighted Materials

Every effort has been made to ascertain proper ownership of copyrighted materials and to obtain permission for their use. Any omission is unintentional.

Introduction

> What is very clear is that education and health for children are inextricably intertwined. A student who is not healthy, who suffers from an undetected vision or hearing defect, or who is hungry, or who is impaired by drugs or alcohol, is not a student who will profit from the educational process. Likewise, an individual who has not been provided assistance in the shaping of healthy attitudes, beliefs, and habits early in life, will be more likely to suffer the consequences of reduced productivity in later years.
> —Michael McGinnis, M.D., "Health Problems of Children and Youth: A Challenge for Schools." *Health Education Quarterly* 3.1 (1981), pp. 11-14.

As the above comment by Dr. McGinnis notes, educating children requires their physical, mental, emotional, and social health. Traditionally, school counselors, school nurses, school psychologists, and school social workers have worked to meet those needs so that children can benefit from their educational experience. These pupil services providers work with administrators to develop and implement a variety of prevention and intervention programs within the school setting. They refer to and collaborate with community agencies when student needs require additional support, such as mental health treatment or medical attention. They work closely with parents and caregivers to help parents and caregivers help children.

Children's ability to concentrate and learn in classrooms is adversely affected when they are distracted by learning problems; acute or chronic health problems; hunger; poverty; abuse; depression; the effects of alcohol, drugs, or violence; or, in many instances, a combination of these factors. Many children will require extensive involvement with these pupil services providers due to such factors as social conditions (poverty, for example), discrimination, crisis situations, family difficulties, learning difficulties, inter- and intra-personal conflicts, and systemic problems within the school environment. Any of these realities has a dramatic negative effect upon children's ability to learn and succeed in school. (Appendix B has a position statement on the necessity of pupil services by the Wisconsin Federation of Pupil Services.)

Pupil services staff members are trained to work with students experiencing these critical problems as well as normal developmental difficulties. At some point in the school experience, every child will likely require the services of a guidance counselor, school nurse, school psychologist, or school social worker. Each pupil services provider has undergone training and preparation resulting in expertise in specific areas designed to help children succeed in school. The team of pupil services providers is an invaluable support to teachers who are overwhelmed by the number of affected and needy children in their classroom.

Pupil services providers strive to support and encourage student success despite the multifaceted barriers that interfere with students' ability to succeed. Pupil services staff members advocate for children through prevention, intervention, and follow-up services. The delivery of pupil services is based on mutual trust, respect, and collaborative teamwork among pupil services professionals, teachers, administrators, families, students, and the community. Members of the pupil services team vary in role, responsibilities, expertise, and interest, but all have in common the goal of student educational success. To accomplish student success, pupil services disciplines and programs support children by providing services that

- recognize that each child
— has a unique potential for intellectual development;
— learns via a variety of sensory modalities such as visual, auditory, tactile;
— demonstrates strengths and weaknesses in using various learning styles;
— learns at different rates depending on the stage of development and type of material to be learned; and
— may be distracted by relations with peers or family situations or by new challenges.
- promote the development of pro-social skills with an emphasis on respect, acceptance of differences, and cooperation.
- encourage civic responsibility, family responsibility, a healthy work ethic, self-care, and a sense of pride in one's own accomplishments over time.
- promote lifestyles conducive to physical, mental, social, and emotional health.

Numerous models of pupil services delivery systems exist in school districts. No two models are alike. This guide does not identify or promote any one model, but instead identifies key factors and considerations in developing a comprehensive, collaborative pupil services delivery system. In addition to describing what these considerations are, information is provided for developing a district and building pupil services team. While the Wisconsin Department of Public Instruction (DPI) does not promote or endorse any single delivery model, it does recognize the need for conceptualizing the delivery of pupil services within the context of a common framework that is connected to the total school environment. The framework, developed by the DPI Student Services, Prevention, and Wellness Mission Team (formerly the Bureau for Pupil Services), includes as one of its components pupil services disciplines. The framework, as well as this guide, emphasizes the absolute necessity for "collaboration" and integration in order to increase healthy child development and student success. Chapter 1 provides an overview of this framework.

The delivery of pupil services in Wisconsin has changed over time, creating the need to define what pupil services are and how they are provided. In defining pupil services, this guide distinguishes between pupil services disciplines and pupil services programs. Pupil services programs stem from pupil services disciplines. Schools have developed pupil services programs over the years to meet the needs of children experiencing problems such as depression, the abuse of alcohol or other drugs, child abuse, and educational failure. Also, they have developed pupil services programs to prevent children from experiencing problems that interfere with healthy development and learning. Child abuse prevention education is an example of a preventive pupil services program.

The pupil services disciplines are represented within each school by four professionals: the guidance counselor, nurse, school psychologist, and school social worker. This document focuses on the disciplines and how the professionals who represent those disciplines deliver their services. It also includes information concerning the administration of pupil services.

Pupil services delivery in school districts is based on the district's mission and goals. Many schools have developed a mission statement and goals and are in various stages of revising and updating them. Because pupil services are provided within the context of the educational environment and are tailored to complement the instructional program and learning environment, pupil services providers and administrators must synchronize their work with the school district's mission statement and goals. National and state educational goals are included in this document (see appendixes C and D) to help the reader see where members of pupil services and instructional programs especially need to work together in accomplishing these goals. Working toward accomplishing education goals, schools rely heavily upon the practitioners of the four pupil services disciplines. Various members of the instructional staff are closely involved in working with pupil services providers to help deliver services that meet the variety of student needs in order to accomplish educational success.

Pupil Services and the Need to Team

1

Introduction

Students have changed as society has changed. Students of today come to school with needs that are very different from those of children in the past. They need services beyond those that can be provided by a classroom teacher whose primary responsibility is teaching. These services must be provided by professionals with expertise in mental, emotional, social, and physical health, as well as in how educational systems operate and how children learn and develop.

Instruction is based on what many educators and policy makers refer to as the visible curriculum: reading, writing, math, science, and social studies. An "invisible" curriculum also exists, however, consisting of the knowledge children acquire about how to get along with others, arrive at decisions, and solve problems; how they feel about themselves; and what others think of them.

The invisible curriculum influences how children feel about themselves and their skills and, in general, how they measure up to adult expectations. The U.S. Committee for Economic Development (1991) defined the invisible curriculum as "all the messages parents and other adults send to children about what is valued and respected."

Pupil services represent a force in education that helps to shape and form the invisible curriculum, to promote the healthy emotional, social, mental, and physical development of children. The following data substantiate the need for education to address the invisible as well as the visible curriculum.

Studies of Wisconsin children have revealed behaviors and conditions that illustrate why children frequently do not succeed in school. While many of the behaviors represent what some may consider voluntary activity on the part of students, it must be remembered that alcohol consumption, sexual activity, criminal activity, and suicidal behaviors are symptoms of other problems in a child's life. Pupil services providers strive to prevent situations that generate such risk-taking behaviors and help students develop alternative behaviors.

Data published by the Wisconsin Department of Public Instruction (1991b) document the incidence of drug use, disease, chronic illness or disability, pregnancy, miscellaneous risky behaviors, violence, child abuse, poverty, and handicapping conditions for Wisconsin students in 1990, and show that

- 55 percent of sixth graders used alcohol,
- 12 percent of eighth graders had used alcohol three or more times in the past 30 days,
- 27 percent of tenth graders consumed five or more drinks in a row in the two weeks prior to the survey,
- 38 percent of twelfth graders had used alcohol three or more times in the past 30 days, and
- 34 percent of twelfth graders used marijuana.

The Wisconsin Kids Count Partnership (1994) reported the following poverty statistics:

- In 1989, 14.9 percent of all children ages birth through 18 lived in poverty.
- In 1989, 188,886 Wisconsin children lived in poverty.
- Between 1979 and 1989, the number of children living in poverty in Wisconsin increased by 35.5 percent.
- For the same decade (1979-1989) nationally, the number of children living in poverty increased 11.3 percent.

• Between 1988 and 1992, arrests of juveniles for violent crimes (murder, rape, robbery, aggravated assault) increased 93.4 percent.

The Division of Health, Wisconsin Department of Health and Social Services (1991), reported that 47,000 students in public and private schools did not have a protective level of immunization against all vaccine-preventable diseases in 1987.

The department reported also (1991) that 227,000 children and youths had a chronic illness or disabling condition in 1987. The Wisconsin Department of Public Instruction (1990) reported that 2.2 percent of students in the school buildings surveyed required some level of specialized health care during each school day.

According to the Wisconsin Department of Health and Social Services (1993), the percentage of Wisconsin females who became mothers before age 18 rose from 25 percent in 1968 to 35 percent in 1989. The number

• increased 72 percent among teens 14 and younger,

• increased 16 percent among teens 15 to 17 year olds, and

• decreased 27 percent among teens 18 to 19 years old.

The department's data is based on the number of live births among teenage females. Because no statistics measuring the number of terminated pregnancies or miscarriages exist, the data understates the frequency of teen pregnancy.

Evidence of further difficulties today's students experience is demonstrated by additional data from the Wisconsin Department of Public Instruction (1994b). A representative survey of Wisconsin students in grades 9 through 12 showed that

• 47 percent had engaged in sexual intercourse,

• 19 percent had carried weapons in the past 30 days,

• 39 percent had been in a physical fight in the past 30 days,

• 27 percent had seriously considered suicide in the past 12 months, and

• 13 percent had been verbally or physically forced to take part in sexual activity during the past 12 months.

The Wisconsin Department of Justice (1991) reported that violent offenses by Wisconsin juveniles increased 23 percent from 1988 to 1989.

The Wisconsin Department of Health and Social Services (1990) reported that child abuse increased in Wisconsin 10.5 percent from 1988 to 1989. Of the substantiated reports, 54 percent involved sexual abuse, 31 percent physical abuse, 30 percent neglect, and 33 percent emotional abuse.

According to the Ann E. Casey Foundation (1991), the number of children living in poverty in Wisconsin increased 25 percent between 1984 and 1988. Uneducated and undereducated adults are candidates for poverty.

More than 91,000 children newborn through age 21 were challenged by handicapping conditions according to the Wisconsin Department of Public Instruction (1991a). Of this total, 14,756 had emotional disturbances, 36,150 had learning disabilities, 11,364 had cognitive disabilities, and 25,262 had speech or language disabilities.

The National Association of State Directors of Special Education (1991) compiled the following information to help policy makers better understand the social forces affecting the development and future of children in the United States.

• Children living in families with incomes below the poverty line are nearly twice as likely to be retained a grade in school as are children from families with incomes above the poverty line.

• Children who are retained a grade twice are almost certain to drop out of school.

• Of people considered to be poor, 40 percent are children.

• Nearly 20 percent of all children under age 18 are poor.

• The majority of poor people live in small towns and rural areas.

While not all children in poverty encounter these problems, clearly too many children are involved in situations or behaviors that interfere with their ability to succeed in school and to realize social, emotional, mental, and physical health. National and state leaders have responded to concerns about failing students by establishing educational goals.

Goals For Educating Children

The National Educational Goals Panel developed eight national goals for education (see appendix D). Since pupil services providers are crucial to the overall success of students, they also will be crucial to achieving the national goals for education. Four goals, however, will be of particular interest to pupil services staff members. They state that by the year 2000,

• all children in America will start school ready to learn;

• all students will leave grades four, eight, and twelve having demonstrated competency over challenging subject matter including English, mathematics, science, foreign languages, civics and gov-

ernment, economics, arts, history, and geography; and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning, and productive employment in our nation's modern economy;

- every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning; and
- every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

The Wisconsin Department of Public Instruction (1994a) reported 28 goals as desirable for the state's students (see appendix C). The goals specify the role of three groups: learners, institutions, and society. Learner goals express expectations for students. They specify what students should know and be able to do as a result of their time in the educational system.

Goals for institutions address the learning context and environment and are the means supporting the achievement of learner goals. They include such things as adequate buildings, adequately prepared teachers, reasonable teacher planning time, and appropriate materials. Many of these factors directly affect classrooms and students.

Institutional support goals deal with conditions that are within the control of the school district through its school boards and administrators, assuming that society has provided the necessary resources. If a goal affects the learning environment and is attainable without action by entities outside the local school district, it is called an institutional goal.

To accomplish these goals and provide appropriate instruction, districts must make available adequate resources, time, staff development, funding, technology, and facilities. A governance model that encourages local decision making will better ensure that all parties play a role in deciding the allocation of resources.

Societal support goals, like institutional support goals, are the means supporting the achievement of learner goals. If met, they ensure that students will have the necessary foundation to learn. They include such things as adequate health care, adequate nutrition, adequate funding for education, and safe, drug-free environments.

The significance of goals for society reaches beyond the educational community. Still, they have a crucial, if indirect, effect on children's learning. If children are not secure, properly nourished, or in good physical, mental, social, or emotional health, they will find it difficult to learn.

To accomplish these goals, society must commit to investing in a quality education for all children, ensure that schools are staffed by well-prepared and caring personnel, invest its resources and leadership to ensure that children flourish, and provide support for families to provide a nurturing environment for their children.

The role of pupil services providers will be particularly important in achieving the following goals for learners, goals for institutions, and goals for society:

- The learner will develop thinking and communication processes, develop physical and emotional wellness, develop character, be prepared for productive work, and respect cultural diversity and pluralism.
- Institutions will address the needs of all students, establish a climate of respect, and promote *collaboration* within the school and community.
- Society will provide safe schools, neighborhoods and communities; and ensure that children at all levels are ready to learn.

Using professionals in school counseling, school nursing, school psychology, and school social work to provide pupil services is critical if schools and communities are to achieve these goals to help children succeed in school and lead healthy, meaningful lives.

Pupil Services Disciplines

Pupil services disciplines work to accomplish the local district's educational goals by helping to meet students' emotional, mental, social, and physical health needs. The delivery of pupil services is child-centered. Decisions about assessments and interventions are based on a child's needs, not organizational constraints. When classrooms are overcrowded, school financial resources are limited, or parents or guardians are unavailable for conferences, a negative effect contributes to student difficulty or failure. Rather than blaming someone when a child is in difficulty, however, pupil services providers seek solutions for students by cooperating, coordinating, and collaborating with other professionals within the school and community to maximize resources in the best interest of the child.

This guide makes a distinction between pupil services programs and pupil services disciplines in order to provide an in-depth discussion of how

the disciplines can be organized as a collaborative team within the school district. Pupil services programs are developed to deliver services to groups of children based on identified needs. Examples of pupil services programs may include Alternative Education, Alcohol and Other Drug Abuse, Child Abuse, Children At Risk, School Age Parents, Human Growth and Development, AIDS/HIV, Classroom Developmental Guidance, Suicide Prevention and Intervention, Crisis Intervention, and Violence Prevention. These programs generally fall within the areas of student programs, adult programs, curriculum and instruction, school-community connections, school-community advisory councils, school environment, and involve pupil services disciplines, as illustrated in the framework in figure 1.

The Framework for Student Services, Prevention, and Wellness is a multistrategy approach which seeks to organize a school's efforts to address the entire range of youth risk behaviors into a *comprehensive* and *integrated* framework that is an integral part of the school's overall mission. Central to the concept of this framework is its ability to encompass existing models. The framework does not dictate any of them as being primary and can serve as a vehicle through which people with different models and orientations can come together at a common table.

The use of dotted lines and lack of divisions underscores the fluidity of the framework and connections between the components. Using a team approach, a continuum of services involving multiple strategies is developed which builds connections among youth programs; across pupil services and academics; between school, family, and community; and with special education.

While each component is mutually interdependent, interactive, and equally important, the focus of this guide is the services provided by the pupil services disciplines of school guidance and counseling, school nursing, school social work, and school psychology. Members of these disciplines work in an integrated manner with the components identified in the framework, figure 1.

Each of these disciplines has separate certification requirements for licensure by the Wisconsin Department of Public Instruction. Additional information concerning the similarities and differences in the preservice preparation of each discipline can be found in Wisconsin Administrative Code PI 3 Certification Rules (see appendix E), and PI 4 Teacher Education Program Approval Rules (see appendix F). Each discipline is also governed by a set of standards for ethical practice (see appendixes G, H, I, and J). A listing of state and national pupil services associations can be found in appendix K.

The Wisconsin Department of Public Instruction believes that effective pupil services delivery is contingent upon *adequate availability of services* from professionals representing each of these disciplines in the school setting and that services are coordinated and delivered in *a collaborative pupil service team manner* with the support and leadership of a pupil services administrator.

Each member of the team brings a set of competencies and advanced training specific to his or her discipline that is necessary to meet the diverse needs of student populations. Each member of the various disciplines has also been trained to work within the school environment and within the context of student learning and healthy development in order to promote student success and achievement.

Preceding the descriptions for the individual disciplines is the following overview of activities that frequently overlap among disciplines:

- Improve the school environment to support the maximum development of each student by advocating practices that promote the attainment of district mission and goals and that reduce practices or programs that inhibit or limit success for all students.
- Collaborate with other members of the school community to achieve program goals.
- Promote the development of healthy behaviors that include students' physical, emotional, social, and mental health.
- Promote student development of positive self-concept and cooperative relationships.
- Use the tools of action research and comprehensive program evaluation to provide direction for continuous program improvement.
- Use a variety of strategies to accomplish program goals in accordance with the preparation and certification areas within each discipline including individual and group consultation/counseling, assessment, referral, placement, classroom activities, and parent education programs.
- Provide services that are federally mandated for students with exceptional educational needs (EEN) who need guidance and counseling, school nursing, school psychological services or school social work services in order to benefit from their individual education plan (IEP).

The following descriptions for each discipline outline responsibilities generally associated with that discipline.

Figure 1

Framework for Student Services, Prevention, and Wellness

School Guidance and Counseling

School guidance counselors provide comprehensive programs and services that help students develop their personal, social, and work lives. Counselors involve parents, teachers, other school personnel, and members of the community in assisting students' development into effective members of the community.

More specifically, counselors use the guidance curriculum and individual and small-group counseling to help students develop

- skills in communicating, cooperating, and resolving conflict;
- the ability to engage in behaviors that foster good physical and mental health and avoid behaviors that detract from good physical and mental health;
- skills in planning and making decisions, resulting in higher self-efficacy and a sense of personal responsibility;
- an awareness of resources about educational and vocational opportunities and ways to access those resources;
- the ability to self-monitor behaviors;
- positive attitudes toward self, as both a student and a potential worker;
- an awareness of and appreciation for both genders and the contributions of America's cultural diversity; and
- a comprehensive plan for school and work experiences through high school and beyond.

Counselors work with the school community to

- help create a positive school climate in which children can learn,
- assure a coordinated team effort to address the needs of all students,

• help ensure student access to school and community resources, and
• ensure student access to accurate and complete educational and vocational information as well as educational and vocational mentors.

Wisconsin Educational Standard (e), Guidance and Counseling Services (Wisconsin DPI, 1991c), requires that school districts plan and implement a program to provide developmental guidance to all pupils enrolled in the district. The program will be planned and implemented in collaboration with other pupil services providers to meet the personal, social, educational, and career or vocational, child development, and learning needs appropriate at each age and grade level. Consistent with the school district goals for education, the program will foster lifelong attitudes toward learning and career or employment goals as well as positive attitudes toward self, family, and society.

To provide guidance and counseling services for all K-12 pupils, the DPI recommends a counselor-to-pupil ratio for students in the K-6 grades of 1 to 400. For students in grades 7 through 12, the recommended ratio is 1 to 250-300.

School Nursing

Working with parents, teachers, administrators, and other professionals in pupil services and health care, school nurses use school and community health resources to help each student realize full potential in health and education. This includes developing in each child a sense of responsibility for his or her own personal health including health promotion and disease prevention, family health, community health, and instilling positive health attitudes conducive to healthy living. School nurses are trained to function successfully in the inseparable and complex systems of education and health. Their multifaceted roles are visible in three main arenas: home, school, and community.

School nurses serve families by
• collaborating with other school professionals, parents, and caregivers to meet the health, developmental, and educational needs of students;
— providing parents with information about community health resources;
— conducting health promotion activities addressing health care; and
— serving as a liaison, which may include visiting homes, recording health histories, and assessing long-term illnesses.

School nurses serve schools by
• establishing and maintaining a comprehensive school health program;
— assuring the provision of emergency first aid;
— conducting health screenings that assess vision, hearing, dental health, evidence of scoliosis, height, weight, and other concerns as needed;
— evaluating and assessing the health needs of students, parents, and teachers;
— providing health counseling regarding chronic illness, nutrition, disease prevention, positive lifestyles, and other topics as needed;
— implementing and monitoring compliance with state immunization laws for students;
— working cooperatively with pupil services personnel to develop objectives for the health component of individualized educational plans;
— evaluating and monitoring cases of communicable and nuisance diseases; and
— assuring appropriate utilization of health paraprofessionals.
• contributing to the education of students with special health needs by assessing students, planning and providing appropriate nursing care, and evaluating identified outcomes.
• contributing to school health through innovations in practice and participation in research or research-related activities.
• assisting students, families, and the school community to achieve optimal levels of wellness through appropriately designed and delivered health education.

School nurses serve communities by
• collaborating with members of the community in the delivery of health and social services, and utilizing knowledge of school and community health systems and resources;
— referring students to appropriate community agencies; and
— serving as a school liaison between community agencies and service organizations, and other resources.

Currently, schools are required to provide only emergency nursing services. Section 121.02(1)(g), Wis. Stats., provides for emergency nursing services. However, a study of specialized physical health care services in Wisconsin public schools conducted by the DPI in 1990 indicated that the role of the school nurse is expanding to address comprehensive school health programming. According to the study, schools that employed nurses in adequate numbers and for a reasonable number of hours were able to promote the health and

wellness of students by preventing, detecting, intervening in, and remediating specific health problems and by incorporating multidisciplinary interventions to maximize students' learning potential.

Consistent with the school district goals for education, school nursing and health services enhance the educational process for children and youth by assisting them in removing health-related barriers to learning and promoting an optimal level of health. Nursing and health services should be allocated based on health-related needs.

The DPI recognizes that the experiences of school nurses in Wisconsin support the need for schools to employ one full-time nurse for every 1,200 to 2,000 students. The National Association of School Nurses (NASN) recommends that the maximum ratio of nurse to student be one school nurse to 750 students. Within those ranges, allocation criteria should include, but not be limited to, total enrollment and the number of students in populations with special needs. Those special populations include students who are enrolled in early childhood or children at risk programs, live in families with low incomes, or have been identified as students with exceptional educational needs or physical, mental, emotional, or social problems.

School Psychological Services

School psychologists are trained in the foundations of children's academic and social learning, as well as social-emotional and cognitive development, because all these areas influence students' performance and behavior in the school and family setting. They have extensive experience in working with children who exhibit a wide range of abilities, including children who have significant cognitive delays, as well as children who are intellectually gifted. School psychologists apply their knowledge, training, and experience to help each child develop positive self concepts and interpersonal relationships and competency in coping with the demands of the school environment. They typically work with pupils who continue to exhibit difficulties despite previous interventions.

While school psychologists help students directly, they also help parents and school personnel in efforts to make school more meaningful for all children, including handicapped and nonhandicapped students. School psychologists serve students, parents, and schools in several unique ways. Primarily, school psychologists consult with teachers, assess needs, plan programs, intervene in crisis situations, and conduct research, working with individuals, groups, and systems. They also coordinate activities among the school, the home, and community agencies to identify and remediate children's learning and social-emotional problems. All of these activities are designed to promote an appropriate, child-centered, and effective educational experience for all students.

The school psychologist is uniquely prepared to

- administer a variety of individual assessments of intellectual ability, academic achievement, personality preferences, social-emotional development, and behaviors, abiding by state and federal requirements and professional ethics;
- interpret test findings and behavioral data to students, the professional staff, parents, and community service providers;
- participate with other educational staff in planning programs to appropriately meet the needs of students who are gifted, handicapped, or at risk of educational failure;
- help school staff members and parents to better understand and manage the child's behavior and learning as well as help to develop improved conditions for learning;
- provide individual and group psycho-educational counseling services designed to help students successfully cope with a variety of stressful situations, including drug abuse, depression, suicide, child abuse, crisis situations, peer pressure, violence, and adolescent sexuality and development;
- assess the needs of and help develop programs for preschool children, from birth through age 5, who have disabilities; and
- support classroom teachers in times of crisis as well as consult with them about the day-to-day difficulties students are experiencing.

Providing all students with school psychological services requires adequate staffing of professionals. One school psychologist for every 1,000 pupils is recommended as a minimum by the DPI. Special instances requiring a lower ratio may be necessary due to unique community characteristics, the number of children experiencing difficulty in school, the number of students in need of exceptional education, the severity of the problems children are experiencing, or the number of children in foster care or residential treatment group homes.

School Social Work

School social work is a specialized area of practice within the broad field of social work. The DPI's *School Social Work: A Resource and Planning Guide* notes that "School social workers bring unique professional knowledge and skills to the school system and the pupil services team. School social workers are not therapists or child welfare workers located in schools. They are hired by school districts to enhance the district's ability to meet its academic mission, especially where a priority on home-school-community collaboration is key to achieving that mission" (Zeisemer, Marcoux, and Davis, 1991). By focusing on the child's total welfare, school social workers play a central role in enabling schools to work toward breaking down the barriers that threaten students' ability to learn.

School social workers apply an ecological perspective of social work practice that studies the relationship between people and their environment. This approach directs the school social worker to consider the balance of prevention strategies and interventions designed to contribute to the overall health of the school environment. Prevention, focusing on the total wellness of the student body, and intervention, targeting those students at risk, are combined to promote a school climate that encourages all students to learn and to develop social competence (Zeisemer, Marcoux, and Davis, 1991).

Through assessment, crisis intervention, individual and group counseling, consultation, coordination of school and community services, and program development, school social workers help students, families, and school systems overcome barriers that interfere with learning. Their unique training and perspective enables them to understand how the student interacts with and is affected by home, school, and community. School social workers serve as catalysts to bring people together and create an environment conducive to problem solving.

School social workers collaborate with families when they

- visit homes and actively help parents to become more involved in their child's education;
- provide parents with techniques and strategies to encourage positive behavior;
- develop and facilitate parent education and support groups;
- refer parents to appropriate community agencies or services;
- assess how a student functions within the home, school, and community; and
- communicate and clarify to parents educational decisions, procedures, and the results of meetings concerning the student.

School social workers directly serve students when they

- provide students with individual and group counseling to help them in developing appropriate and effective coping and social skills;
- intervene when students face a crisis and coordinate crisis plans to help the total school community;
- develop, with teacher and parent, strategies to enhance a student's skills and functioning; and
- serve as case managers in the multidisciplinary team process.

School social workers collaborate with community agencies when they

- seek to develop and facilitate collaborative partnerships and services between school and community;
- communicate with juvenile courts, protective services, and community agencies to coordinate intervention services and school programming;
- help in the overall transition of students entering the public school system from various treatment programs;
- serve as an educator in the community to enhance community knowledge of school and community issues; and
- anticipate emerging community needs as they relate to ongoing educational planning.

Providing all students with school social work services requires adequate staffing of professionals. One school social worker for every 1,000 students is recommended.

Collectively, the professionals representing the four pupil services disciplines form a pupil services team. Members of the pupil services team work closely with classroom teachers to promote the emotional, mental, social and physical health of each student in order that children succeed in school.

How Teamwork Can Improve Delivery

Delivery systems for pupil services have been evolving in Wisconsin due to changing needs in student populations and the necessity of schools to provide pupil services in the most cost-efficient manner. The concern about accomplishing educational goals and providing for students' educational needs at the local level centers around maximizing the positive effects of pupil services resources.

Many schools in Wisconsin have addressed this concern by strengthening collaboration among pupil services disciplines and related programs at the district level and by establishing collaborative pupil services support teams. Collaborative teams function to promote student success, systemic change, and program development to accomplish national, state, and local educational goals. Teams are composed of representatives from the four pupil services disciplines. Other professionals are also involved, depending upon the referral or problem at hand. Teams are problem solving in nature but also have a strong prevention orientation. Figure 2 on page 10 provides a comparison of the traditional model of pupil services delivery with a collaborative model.

This guide does not address collaboration between pupil services providers, community agencies, social service providers, law enforcement professionals, businesses, and other groups. That information is found in the 1993 publication *Ensuring Student Success Through Collaboration,* available through the Student Services, Prevention, and Wellness Team at the DPI. It is the department's belief that collaborative teams must exist within the school setting among the various pupil services disciplines before the team can work effectively with community agencies. Therefore, the focus of this book is to promote collaborative pupil services teams.

Collaborative Teamwork

A comparison of the traditional model of service delivery with the collaborative model, as in figure 2, demonstrates the desirability of collaborative teamwork. Delivering comprehensive and integrated pupil services efficiently requires teamwork. Teamwork is characterized by high degrees of cooperation, coordination, and collaboration. Cooperation, coordination, and collaboration differ from each other in the formality of the actions involved and the goals guiding those actions.

Cooperation is the least formal of the three activities. At its most basic level, cooperation occurs informally when pupil services staff members share general information on a regular basis. Cooperation is always helpful in nature. Examples might include such activities as taking phone messages for each other, demonstrating a willingness to change an appointment to a more convenient time, or offering to help a colleague complete a task. These are just a sample of the many cooperative activities that occur in the school setting.

Coordination requires more formality than cooperation. Team members inform each other of planned activities and modify their activities as needed to most effectively and efficiently deliver pupil services to students. For example, the coordinator of an after-school tutoring program might work with a pupil services provider to include a peer counseling component to the tutoring. Coordination among staff members requires an attitude of willingness to work together in a helping manner to benefit students. In the example just cited, coordination occurs between two separate programs and results in a joint activity. Each program has its own goals and responsibilities, which remain separate. Yet the programs coordinate services to meet the various goals and responsibilities of each program.

Collaboration requires more formal interaction than either cooperation or coordination require. Since collaboration is a more complex concept and process than the other two team activities, the remainder of this chapter will focus on collaborating to deliver pupil services. Yet it is important to note that collaboration cannot occur without cooperation and coordination.

Charles Bruner, author of *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services*, contrasts collaboration with coordination by noting that collaboration requires "joint goals to guide the collaborators' actions." Pupil services teams meet this requirement for collaboration because the four pupil services disciplines share the joint goal of developing healthy children. Bruner says collaboration requires, in addition to joint goals, sharing responsibility for achieving the goals and using the expertise of each member of the team to accomplish the agreed-upon goals.

Sharon Kagan, in her book *United We Stand*, defines collaborations as "organizational and inter-organizational structures where resources, power, and authority are shared and where people are brought together to achieve common goals that could not be accomplished by a single individual or organization independently." She lists developmental stages and mediating variables that characterize the collaborative process.

In identifying the *stages* of collaborating for pupil services disciplines, this guide draws also on information from *The Foundations of Policy Analysis* by Brewer and deLeon. The resulting five stages (see figure 3 on page 12) are sequential in

Figure 2

A Comparison of Pupil Services Delivery Systems

Point of Comparison	Traditional	Collaborative
Method of Delivery	School counselors, school nurses, school psychologists, and school social workers provide services in isolation from each other.	School counselors, nurses, psychologists, and social workers integrate services among each other and within the total school environment.
	Communication between school counselors, school nurses, school psychologists, and school social workers is limited and not formally established.	Communication is formally established and supported by the administration through regularly scheduled collaborative pupil services support team meetings.
	The provision of services is uncoordinated and fragmented.	The provision of services is coordinated, comprehensive, and integrated.
Teacher's Role	The teacher refers students and receives suggestions from an expert.	The teacher is an active and equal member of the problem-solving process and shares responsibility for the student who needs services in order to succeed in school.
Focus of Delivery	Service providers target individual students.	Service providers target individuals and groups, sometimes through classroom delivery of services.
Point of Entry	The program emphasizes intervention.	A continuum of services addresses prevention, intervention, and follow-up.
School and Community Services	School services are separate from community services.	School services are coordinated with community resources in an ongoing collaborative fashion.
	School services providers and community services providers communicate informally, sharing little information critical for student success in school.	School services providers have formal ongoing relations with community services providers, sharing information with informed and written parent consent.
Nature of Service	Providers focus on direct services to students.	In addition to directly serving students, providers engage in activities that indirectly serve students, such as program development.
Focus of Change	Services focus on changing the student.	Services focus on the learning environment as well as students.
Scope of Services	Services and recommendations for serving students are limited by what is available within the school.	School services change to meet the needs of students as their needs change due to social circumstances.
	Pupil services providers uncertain about the district's financial obligation limit information on community services that may help.	Pupil services providers inform parents of community services such as AODA assessment, after-school recreational activities, or mentoring programs.
	When students are referred to a community provider, the school's involvement ends.	When students are referred to a community provider, a pupil services team member is assigned to follow up and communicate with the community resource, ensuring support and coordination within the school setting where appropriate.

nature and may overlap at times. They consist of (1) formation/conceptualization, (2) development, (3) implementation, (4) evaluation, and (5) termination. Being able to recognize the stages helps team members understand where they stand in the collaborative process and what they need to move toward.

The first of the sequential stages, *formation/conceptualization*, begins when someone within an organization (for example, the director of pupil services) views collaboration as a necessary method for accomplishing a task that cannot be achieved without the skills and expertise of others (for example, professionals within the various pupil services disciplines). Collaborative teams consist of members who have a stake or interest in the reason for the collaboration. Once members agree that the team represents all the important stakeholders, the team works to define and reach a consensus about its goals.

Interdependence-building, a critical characteristic of this stage and of collaboration in general, is fostered when the group understands that each member brings a set of skills required for goal accomplishment and that working together as a group will achieve what working alone cannot. Also during this stage, members discuss expectations, goals, tasks, roles, and responsibilities, and agree upon a model for making decisions.

Models for making decisions include deciding by majority, by authority, or by group consensus. Making decisions by consensus requires more time than making them by majority or authority, but results in a high commitment among team members (Hanson, 1989). Because the ability to proceed effectively requires active participation and commitment from members at this stage, important decisions should be made by consensus.

In the second stage, *development*, members establish a systematic process for formalizing collaboration by defining tasks and agreeing upon roles and responsibilities that, prior to this stage, had only been discussed. The team, says Kagan, "begins the productive work of identifying programs for revision or expansion" or for development. Goals are agreed upon at this stage. Conflicts over tasks, roles, and responsibilities can be expected to surface and will need to be discussed and resolved before the team can move on to implementation.

Members must agree on ground rules early in the collaborative process. Ground rules help ensure that members use time wisely, share leadership, and head in the same direction (Melaville, Blank, and Asayesh, 1993). As consensus is built, members will need patience and perseverance with developing and changing relationships. Members must be willing to continually build relationships within the team.

During *implementation*, the third stage, the group begins to act on what has been agreed upon in earlier stages. Changes begin to occur at the administrative and direct services levels as implementation progresses. For example, an administrative change might be a change in a policy or a job description. A change in direct services might be expanding the alcohol and other drug abuse program to provide training for developing peer support groups.

During the fourth stage, *evaluation*, "participants seek to discover if they have been successful," according to Kagan. "If discrepancies exist, the collaboration team attempts to ascertain whether they arise from inadequacies in formation, conceptualization, or implementation."

Evaluation includes collecting data and information through ongoing monitoring as well as a summation of information and data at set points in time. Ongoing monitoring is important, as it provides information for revising plans. Criteria for evaluation might include improved behavior by students, the increased satisfaction of teachers or pupil services providers, or fiscal improvement.

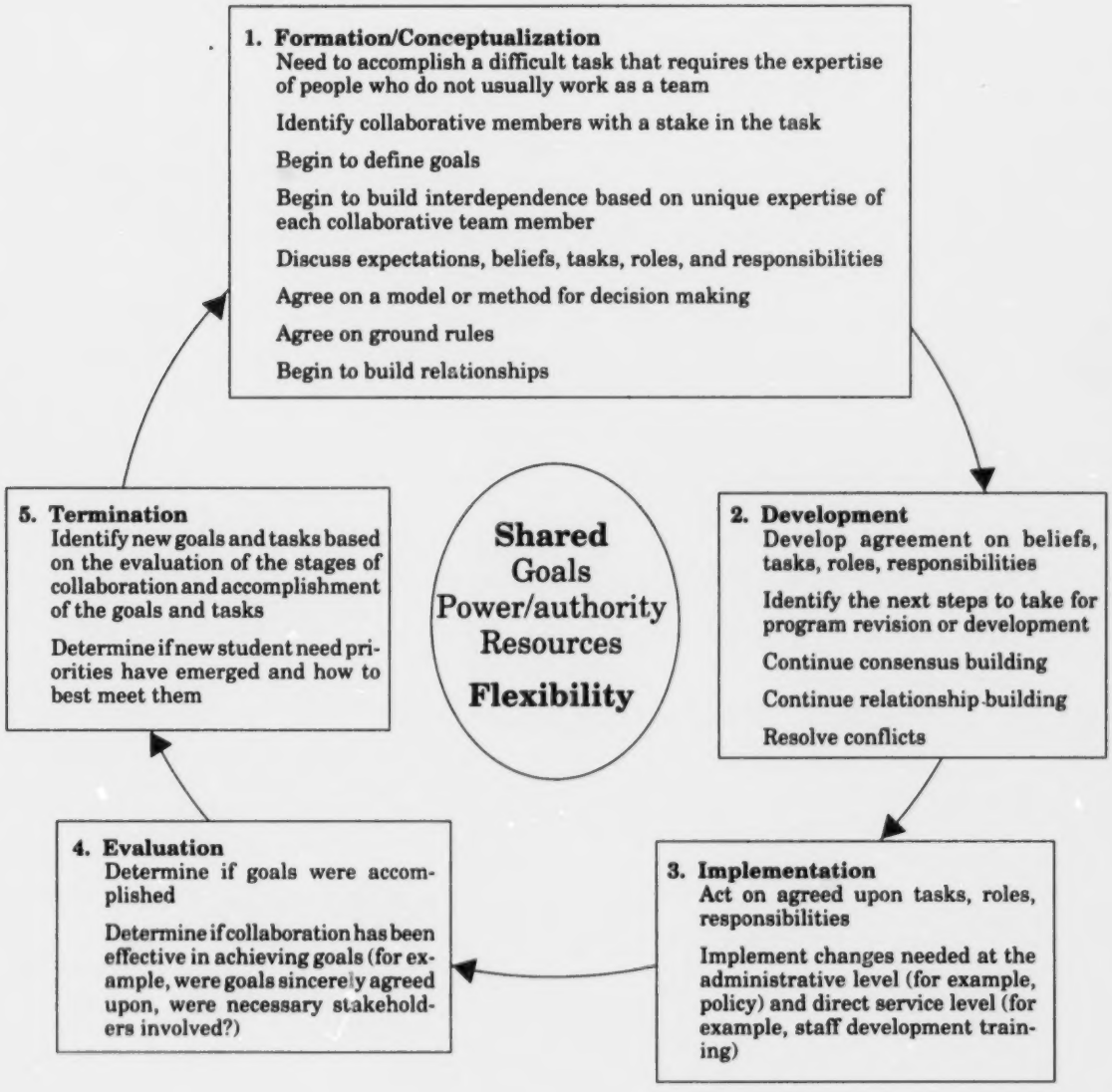
Brewer and deLeon define the fifth and final stage, *termination*, as an "adjustment of policies and programs that have become dysfunctional, redundant, outmoded, unnecessary, or even counterproductive." In the example under implementation, the alcohol and other drug abuse program could be perceived as outmoded because a peer support group was not in place prior to the collaborative effort. The collaboration effort reaches the termination stage when it completes an adjustment in policies and programs that implements a process for adding peer support groups to the alcohol and other drug abuse program. The team then turns its attention to something else. Given that definition and the need for pupil services to keep up with changing demographics, student needs, and institutional priorities, collaboration will be an ongoing process once in place.

When collaborating has resulted in successful programs, the collaboration continues, addressing other student needs. Even when collaborating on a given goal seems to fail and desired results are not reached despite revised plans and procedures, participants realize secondary gains. Individuals have gained knowledge and information about

BEST COPY AVAILABLE

Figure 3

Collaboration Stages


1. Formation/Conceptualization
Need to accomplish a difficult task that requires the expertise of people who do not usually work as a team
Identify collaborative members with a stake in the task
Begin to define goals
Begin to build interdependence based on unique expertise of each collaborative team member
Discuss expectations, beliefs, tasks, roles, and responsibilities
Agree on a model or method for decision making
Agree on ground rules
Begin to build relationships
2. Development
Develop agreement on beliefs, tasks, roles, responsibilities
Identify the next steps to take for program revision or development
Continue consensus building
Continue relationship building
Resolve conflicts
3. Implementation
Act on agreed upon tasks, roles, responsibilities
Implement changes needed at the administrative level (for example, policy) and direct service level (for example, staff development training)
4. Evaluation
Determine if goals were accomplished
Determine if collaboration has been effective in achieving goals (for example, were goals sincerely agreed upon, were necessary stakeholders involved?)
5. Termination
Identify new goals and tasks based on the evaluation of the stages of collaboration and accomplishment of the goals and tasks
Determine if new student need priorities have emerged and how to best meet them
Shared
Goals
Power/authority
Resources
Flexibility

working together and planning programs that was not available prior to collaborating. This knowledge and information can be used to refine and perfect the next collaborative endeavor, especially when the group has identified what went wrong. Perhaps the group lost sight of its original goals or did not truly reach consensus. Collaborating does not always work the first time around. Understanding why helps plan for success the next time.

Kagan describes four *mediating variables* that influence the five stages and significantly contribute to the success or failure of collaboration. Using Kagan's definition of collaborations as "organizational and inter-organizational structures [in which] resources, power and authority are shared and . . . people are brought together to achieve common goals that could not be accomplished by a single individual or organization independently," mediating variables that influence collaborations are goals, resources, power/authority, and flexibility.

Collaborating team members must first agree on the goals of collaboration. Agreement is reached through consensus, which may be difficult to achieve. Kagan's research recommends that identifying easily achievable goals will ensure initial success early in the collaborative process. Achieving success motivates individual team members and helps to encourage further goal setting. Working initially on easily achievable goals also provides time for the team to develop working relationships in an atmosphere relatively low in conflict. If initial goals in a newly formed collaboration are not agreed upon and achievable, this will influence each stage in the collaboration.

Collaborations usually develop because individual resources are scarce. Team members who approach collaboration with a willingness to share existing resources to accomplish the team's goals will be more likely to experience success during each stage. On the other hand, the collaboration might be designed to secure additional resources. In that case members need to agree on how they will share new resources. Team members will need to understand and agree about how to allocate resources. In either case, resources may be broadly defined as including people, space, materials, time, and money.

In a truly collaborative relationship, team members share power and authority on a rotating basis as needs arise. Power and authority, when shared according to needs and skills, have a positive influence at each stage.

Members come to the team with different skills and areas of expertise. "Being an initiator of a collaboration is an important source of power," notes Kagan. The initiator is positioned to select participants and shape goals. However, power may then shift when a need arises in an area in which other team members have expertise, such as bringing about a change in policy as a step towards reaching a team goal.

Another team member may have control over a resource that the team needs to secure, and power may shift again. As power, authority, and leadership shift during the collaborative process, team members will need to adjust to differences in leadership styles and leaders will need to be sensitive to others' work styles.

The mediating variable of flexibility, which also influences each stage, refers to the team's ability to adapt its goals, activities, and, possibly, membership to changes that occur. Changes might arise from staff turnover, realizing goals, or the need to change the focus of the collaboration. A flexible team is able to assume new responsibilities or allow another member to assume an existing responsibility in much the same way as healthy families are characterized often by their ability to adapt and adjust to change and new situations.

For additional information about collaborations, see *Together We Can*, by Melaville, Blank, and Asayesh (1993).

References

Ann E. Casey Foundation. *The Kids Count Data Book*. Baltimore, MD: 1991.

Brewer, Garry, and Peter deLeon. *The Foundations of Policy Analysis*. Homewood, IL: Dorsey Press, 1983.

Bruner, Charles. *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services*. Washington, DC: Education and Human Services Consortium, 1991.

Hanson, Barbara J. *School Improvement Councils: A Guide to Effectiveness*. Columbia, SC: The School Council Assistance Project, College of Education, University of South Carolina, 1989.

Kagan, Sharon Lynn. *United We Stand: Collaboration for Child Care and Early Education Services*. New York: Teachers College Press, 1991.

Melaville, Atelia I., Martin J. Blank, and Gelareh Asayesh. *Together We Can*. Washington, DC: U.S. departments of Education and Health and Human Services, 1993.

National Association of State Directors of Special Education. *Reference Notes for Speechmaking or for Understanding the Forces at Work Which are Driving Social Policy*. Washington, DC: NASDSE, 1991.

U.S. Committee for Economic Development. *The Unfinished Agenda: A New Vision for Child Development and Education*. New York: Committee for Economic Development, 1991.

Wisconsin Department of Health and Social Services. *Healthier People in Wisconsin: A Public Health Agenda for the Year 2000*. Madison, WI: DHSS, 1991.

_____. *Annual Report on Child Abuse and Neglect*. Madison, WI: DHSS, 1990.

_____. *Maternal and Child Health Statistics: Wisconsin 1992*. Madison, WI: DHSS, 1993.

Wisconsin Department of Justice. *Crime and Arrests in Wisconsin: 1991*. Madison, WI: DOJ, 1991.

Wisconsin Department of Public Instruction. *Study of Specialized Health Care Services in Wisconsin Public Schools*. Madison, WI: DPI, 1990.

_____. *Exceptional Educational Needs Child Count Report to the Federal Government*. Madison, WI: DPI, 1991a.

_____. *The Wisconsin Study: Alcohol and Other Drug Use*. Madison, WI: DPI, 1991b.

_____. *Wisconsin Educational Standards: A Blueprint for Excellence*. Madison, WI: DPI, 1991c.

_____. *Wisconsin Learner Goals, Outcomes and Assessment: Educating Students for Success in the 21st Century*. Madison, WI: DPI, 1994a.

_____. *Youth Risk Behavior Survey*. Madison, WI: DPI, 1994b.

Wisconsin Kids Count Partnership. *WISKIDS Count Data Book 1994: A Portrait of Child Wellbeing in Wisconsin*. Madison, WI: The Wisconsin Council on Children and Families, 1994.

Ziesemer, Carol, Louise Marcoux, and Lorraine Davis. *School Social Work: A Resource and Planning Guide*. Madison, WI: DPI, 1991.

Issues for District Pupil Services Teams 2

Collaborative pupil services teamwork occurs at two levels, the district and the building levels. It involves professionals representing the four pupil services disciplines, specifically school guidance counselors, school nurses, school psychologists, and school social workers. The team is coordinated at the district level by a pupil services director. The focus of the district pupil services team is clarifying roles and responsibilities, defining the team mission, establishing goals and objectives for the upcoming school year, and using these to develop a team work plan.

The task of pupil services teams is serving students, directly and indirectly. A team member might serve students indirectly by coordinating a program or service such as child abuse prevention, alcohol and drug abuse prevention, crisis intervention, developmental guidance, special education case management, suicide prevention, or emergency nursing. A member might serve students directly by providing individual or group counseling, conducting social skill training or helping students develop study and test-taking skills, or conducting psycho-educational assessment and interpretation. Direct and indirect services are most effectively and efficiently provided through collaboration. Collaboration among team members is influenced by several factors, including certification and training, organization, student-staff ratios, and administrative leadership. The latter is covered in Chapter 4.

Certification and Training

One factor to consider when thinking about collaboration at the district level is certification and training. Members of pupil services teams employed in Wisconsin public school districts must be licensed by the Wisconsin Department of Public Instruction (DPI). Licensing helps to ensure the quality of programs and services in districts. Wisconsin Administrative Code PI 3 (see appendix E) lists licensing requirements. The code requires that a prospective pupil services professional acquire specific skills and competencies within a specific discipline area and demonstrate those skills and competencies during a period of supervision or internship that meets specific criteria.

Wisconsin Administrative Code PI 4 (see appendix F) specifies the requirements of university professional education programs leading to licensure in each of the pupil services disciplines and administration of special education/pupil services. Requirements differ among disciplines in the content of the training, the number of credits required, and post-education supervision or internship. Chapter 1 of this guide provides additional detail regarding similarities and differences in roles and responsibilities for the pupil services disciplines resulting from differences in university preparation.

When engaging in collaboration, the team needs to acknowledge the differences and similarities in the university training preparation that leads to certification. Frequently students in the various disciplines are trained in isolation of each other and have limited experience with working together as a team during their graduate program. For many programs, such experiences are limited to the practicum or internship because there is not a school counseling, school nursing, school psychology, and school social work program at each uni

versity. University training programs recognize the value of incorporating the concepts of working as a team across the disciplines and are establishing more experiences to promote collaboration. For a listing of university training programs that prepare school counselors, school nurses, school psychologists, school social workers, and directors of special education/pupil services, see appendix L.

Organization

Another factor to consider at the district level that influences collaboration is organization of services. Often districts provide pupil services by using itinerant pupil services providers as well as school-based providers. Such an arrangement makes collaboration more difficult but also more essential.

Although the work of pupil services providers is supervised by the pupil services director, usually providers are often accountable to the school principal as well. Usually the principal is concerned about the nontechnical activities of the service provider. For example, is the provider punctual? Does the provider act professionally and observe schedules as closely as possible? The pupil services director, however, supervises the technical activities of providers, such as reporting and counseling and consultation interventions, ensuring that they meet the legal and policy guidelines for pupil services programs. Both director and principal must agree that collaboration is essential.

The factor most critical to establishing a positive professional atmosphere for efficient and effective delivery of collaborative services is the relationship between the pupil services director and principal. This relationship will determine whether an arrangement results in a professional climate conducive to job satisfaction and efficient collaborative delivery of pupil services or whether it results in conflict and confrontation. Most administrators understand this dynamic and will strive to support collaboration to maximize delivery of pupil services.

When agreement between the director and a building principal is not occurring, the district administrator or another administrator with supervisory authority over the director and principal must initiate a resolution. Resolution may require policy revisions that clarify responsibilities, mediation between the two parties, or reorganization. Confrontation and conflict must be resolved for personnel to function effectively and to provide students the best services possible.

To reduce the likelihood of confusion, the pupil services director and principal should agree upon staff schedules and responsibilities within a building. Pupil services personnel should maintain regular time schedules within the school they are assigned to, so teachers and other staff members and parents know when they can be contacted. Schedules will need to allow for collaboration at the district level and building level.

Schedules include blocks of time for monthly meetings of district pupil services teams and weekly meetings for school building pupil services teams, individual office hours, visits to homes or community agencies, and meetings with multidisciplinary teams. In this way everyone knows when and where pupil services personnel are available.

At the same time, pupil services providers need flexible schedules because sometimes activities they perform, such as home visits and testing, cannot be accomplished in narrowly defined time slots. However, crisis situations will interfere with schedules from time to time. Other than in a crisis, time for collaboration will need to be a number one priority.

Student-Staff Ratios

Student-staff ratios are another factor needing consideration at the district level. Collaboration cannot occur when ratios are so high that staff members have no time to meet on a regular basis to plan, implement, and evaluate services. High ratios that exceed the department's recommendations result in a reactive service delivery model. Staff members end up working with only the most problematic students while other students' problems are ignored due to lack of staff time and inability to collaborate.

The number of pupil services providers a district needs is determined by a variety of factors, including the need for direct services, the amount of indirect services (for example, program coordination) providers will be responsible for, the availability of clerical support staff, and the number of programs considered to be pupil services programs. The DPI's recommendations for student/pupil services staff ratios are found in chapter 1 at the end of each description of the pupil services disciplines.

Student-to-staff ratios must adequately support the district's student population and be designed to promote student success. Need is determined by the prevalence of situations such as handicapping conditions, substance abuse, preg-

nancy, poverty, suicidal behaviors, child abuse and neglect, homelessness, juvenile crime, violence, children in foster care, and by those who are at risk of failing or dropping out of school.

A district's commitment to providing *comprehensive* pupil services will influence its student-to-staff ratio. Comprehensive services provide a continuum of prevention, intervention, and follow-up services that involve each of the four disciplines working collaboratively. Generally, districts with high student-to-staff ratios are providing only intervention services and are operating from an outdated service delivery model. When this is the case, pupil services are limited and staff members become trapped in a service delivery system that reacts to crisis situations and provides little time for preventing problems that interfere with student learning and achievement.

Also, time spent on such indirect services as program coordination reduces the time pupil services providers are able to work directly with students. Student-to-staff ratios must reflect that fact. Programs typically staffed or coordinated by pupil services providers include Developmental Guidance; Child Find; Child Abuse Prevention and Intervention; Suicide Intervention and Prevention; Crisis Intervention; School Violence Prevention; Emergency Nursing; Health Screening, Monitoring and Referral; Early Entrance; Children At Risk; Special Education (depending on the size of the district and historical arrangements with Cooperative Educational Service Agencies (CESAs), County Handicapped Children's Education Boards (CHCEBs), or 66:30 agreements); Parent Training; Truancy; Gifted and Talented; Alcohol and Other Drug Abuse Prevention and Intervention; and Student Assistance.

Other districtwide programs that pupil services staff typically collaborate on, under the direction of other administrators or coordinators, include Alternative Education, Human Relations, Site Based Management, Wellness, School Effectiveness Team, Human Growth and Development, HIV/AIDS Education Prevention, School Age Parents, Curriculum and Instruction, Preschool and Four-Year-Old Kindergarten, Remedial Education, Pupil Nondiscrimination and District Long-Range Planning.

Pupil services staff members are assigned to programs based on training, experience, expertise, interest, and student needs. Adding assignments will require adding staff or reallocation of existing assignments to maintain realistic student-staff ratios.

The availability of support staff also affects the number of pupil services providers needed and their ability to collaborate. Pupil services providers need clerical help producing the professional reports to be shared with parents and community agencies. Additionally, pupil services providers need someone to receive phone messages and arrange meetings with parents or community agencies. Pupil services providers without adequate clerical support have less time to serve students and to engage in collaborative team activities. The student-to-staff ratio must reflect that situation. A provider may be able to see 150 students per year with phone support, but only 75 without support. Providing adequate support staff for clerical work and activities such as recess and lunchroom duty is far more cost efficient than assigning pupil services providers to those duties. The provision of adequate clerical support can free up time for the various pupil services staff to engage in collaborative planning, implementation, and evaluation of services.

Certification, organization, student-staff ratios, and availability of clerical support are just a few of the factors that influence collaborative pupil services teams at the district level. Once these factors have been accounted for and the team has clarified its districtwide responsibilities, it is ready to set the collaborative team mission, goals, objectives, and work plan.

Overview of District Team-Building Procedures

Because of all these factors, it becomes critical to have a process for establishing district team-building procedures. Numerous publications are available for team-building procedures and many are listed in appendix A. The procedures that follow were developed to help various pupil services staff *begin* to come together and work as a team. They were not intended to be comprehensive as each team will have different needs and be at various stages in collaboration development.

It will be helpful to engage the team in task and role clarification through the following steps, which utilize the checklists in figures 4 and 5 on pages 20 through 25. These checklists were developed to aid the team in communicating about how time is spent, roles that are mutually shared among the various team members throughout the district, and roles that are exclusive to a given discipline.

How to Use Team-Building Procedures Checklists

1. Each school counselor, psychologist, nurse, social worker, and administrator/director completes figure 4 to begin to identify how time is spent. This warm-up activity is useful for beginning communication.
2. They then complete figure 5 to clarify roles.
3. The pupil services team and director discuss tasks that overlap and tasks that are distinct.
4. The pupil services team and director determine if there is clarification of tasks and agreement among all team members concerning roles. The team will also want to discuss and clarify with the director how these are managed, who has administrative duties, who provides leadership, and how activities are coordinated.
   a. If there is agreement, the team is ready to move to setting mission, goals, and objectives, which is covered in the following section, Team Mission, Goals, and Objectives.
   b. If there is not agreement on responsibilities, the director will need to facilitate consensus before the team can move to the next stage of defining goals and objectives.
5. The pupil services team and director develop a work plan, figure 10, page 30.

Since it specifies the similarities and differences in the training requirements of each discipline, the information in PI 3 and PI 4 can also help clarify interdisciplinary roles, responsibilities, and assignments. Generally, if the representatives of each discipline have been prepared in a certain area, such as counseling students, all team members share responsibility for that service. If a service provider has expertise in a specific area, such as depression, divorce, or grief counseling, the pupil services team and director need to ensure that students benefit from that individual's expertise. Analyzing the roles and responsibilities of members of pupil services teams can help identify service needs as well.

Team Mission, Goals, and Objectives

The next step in collaborative district team development is to review the district's mission and set team goals that support the district's mission. The pupil services director and team members need to agree upon the goals and objectives for each discipline. The agreed-upon goals and objectives of each discipline become team goals and objectives. Members of teams will have some objectives that are discipline-specific and some objectives that are shared among the team members. The objectives guide the team members in engaging in activities that promote the team's goals. The sample plans, figures 6, 7, 8, and 9 on pages 26 through 29, provide examples of mission, goals, and objectives.

As the team begins to develop its goals and objectives, it will be important to remember that these will not encompass all responsibilities assigned to each member. Each will have other responsibilities as part of their existing job description. Keeping this in mind will help team members develop realistic goals, objectives, and work plans.

The sample plans are intended to help each team member develop potential goals and objectives and then to decide as a team if one or all of the plans will be implemented by the team. It will be important for the team to identify a *lead person* for each goal and objective that is adopted.

The sample plans in figures 6, 7, 8, and 9 are provided as *examples of what a pupil services team might develop.* They are not intended to define what any one discipline can do. Districts are encouraged to use the sample plan format or adapt it as each sees fit.

After the development of goals, objectives, and activities, the team needs to decide if any activities might be collapsed, eliminated, or revised in order to be accomplished in one school year. Once goals, objectives, and activities are developed and agreed upon, the team is ready to move to the next phase, which is the development of a team work plan for the school year. An example of a work plan form appears in figure 10. The team work plan is then reviewed by the district pupil services team at regularly scheduled meetings, and progress is noted and updated on the plan. The department recommends that these meetings be held at least once a month, or more frequently as needed.

During the review process, it may become necessary to revise various items on the plan. The plan should keep the team focused on what it intends to accomplish during the school year and should also serve as a communication tool to clarify who is responsible for what task. The plan also can be used to report on progress to the school board and administrators within the district. The pupil services team work plan represents a collaborative effort to integrate pupil services disciplines into a fully functioning team.

The development of the district pupil services team goals, objectives, and activities, which are then summarized into a team work plan, may or may not proceed smoothly. Problems can be expected and the following section provides a brief overview on problem solving.

Problem Solving

All teams experience problems from time to time. The following information identifies some key considerations regarding problem solving. Additional tips for collaborative problem solving are included in chapter 3.

Team members achieve a team approach to problem solving through cooperation, coordination, and collaboration among team members. Chapter 1 discusses the concepts of cooperation, coordination, and collaboration. This section shows how pupil services teams can use those concepts to solve problems that may arise.

A team cooperates when it resolves a problem or a need by meeting and planning activities on which members agree. A pupil services team coordinates when it meets to clarify responsibilities, such as who is assigned to deliver classroom developmental guidance, or plans an inservice regarding how to report child abuse.

When it cannot find a solution through a less formal activity, a team must collaborate. The pupil services director leads the pupil services team through the following steps to collaboratively solve problems:

- Define the problem.
- Identify possible solutions.
- Identify barriers to each solution.
- Identify positive forces or advantages to each possible solution.
- Select the most feasible solution.
- Identify each team member's role in accomplishing the solution.
- Request commitment to the solution from each team member.

In addition to the director and the pupil services team, other educators may also play key roles in collaborative problem solving. The pupil services team might work with the coordinator of the Children At Risk program, a remedial reading teacher, Chapter 1 or special education personnel, or the health teacher.

Sometimes collaborating teams encounter time constraints, a lack of knowledge in a given content area, the inability to reach and involve all members desired, and conflict over professional responsibilities. With support from the administration, time, and appropriate leadership, usually teams can overcome these barriers.

Barriers may develop within the team as well. As a partner in the collaboration, each team member must be willing to compromise in overcoming roadblocks to solving problems.

Figure 4

Pupil Services Team-Building Checklist for Task Clarification

Individual team members complete this form to begin to identify how time is spent. Assigned tasks of pupil services team members fall under nine general categories, and team members mark how frequently they engage in these tasks. Teams will want to modify this questionnaire to reflect the district's pupil services program. Refer to section on how to use Team-Building Checklist on page 18.

Completed by the (*check one*) ❑ school guidance counselor ❑ school nurse ❑ administrator
❑ school psychologist ❑ school social worker

Assigned Task	Frequency (*Check appropriate boxes*) Daily	Weekly	Monthly	Not At All
Advising students about				
careers	❑	❑	❑	❑
credits	❑	❑	❑	❑
developmental problems	❑	❑	❑	❑
enrollment	❑	❑	❑	❑
schedules	❑	❑	❑	❑
transitions	❑	❑	❑	❑
health concerns	❑	❑	❑	❑
other	❑	❑	❑	❑
Consulting about				
early entrance	❑	❑	❑	❑
Exceptional Educational Needs (EEN) students	❑	❑	❑	❑
Individual Education Plans (IEPs)	❑	❑	❑	❑
Individual Health Plans (IHPs)	❑	❑	❑	❑
M-team procedures	❑	❑	❑	❑
needs assessments	❑	❑	❑	❑
prevention	❑	❑	❑	❑
safety	❑	❑	❑	❑
truancy	❑	❑	❑	❑
learning behavior problems	❑	❑	❑	❑
health conditions	❑	❑	❑	❑
other	❑	❑	❑	❑

Assigned Task	Frequency *Check appropriate boxes* Daily	Weekly	Monthly	Not At All
Delivering				
programs				
Suicide Prevention	❑	❑	❑	❑
Crisis Intervention	❑	❑	❑	❑
Children At Risk	❑	❑	❑	❑
Gifted and Talented	❑	❑	❑	❑
Child Abuse Prevention	❑	❑	❑	❑
Health Services	❑	❑	❑	❑
Health Promotion/Wellness	❑	❑	❑	❑
Health Education	❑	❑	❑	❑
School-Age Parents	❑	❑	❑	❑
Student Assistance	❑	❑	❑	❑
Collaborative Building Support Teams	❑	❑	❑	❑
counseling				
individual	❑	❑	❑	❑
group	❑	❑	❑	❑
other	❑	❑	❑	❑
Evaluating				
school climate	❑	❑	❑	❑
program effectiveness	❑	❑	❑	❑
student needs	❑	❑	❑	❑
observations	❑	❑	❑	❑
tests	❑	❑	❑	❑
other	❑	❑	❑	❑
Instructing				
classes of students in developmental guidance	❑	❑	❑	❑
parent inservice	❑	❑	❑	❑
staff inservice	❑	❑	❑	❑
other	❑	❑	❑	❑

Assigned Task	Frequency *Check appropriate boxes* Daily	Weekly	Monthly	Not At All
Interacting with				
college representatives	❑	❑	❑	❑
community agencies	❑	❑	❑	❑
community health professionals	❑	❑	❑	❑
referral agencies	❑	❑	❑	❑
other	❑	❑	❑	❑
Monitoring				
attendance	❑	❑	❑	❑
child abuse and neglect reports	❑	❑	❑	❑
diversity trends and needs	❑	❑	❑	❑
nondiscrimination	❑	❑	❑	❑
inclusion	❑	❑	❑	❑
Sec. 504 of Office of Civil Rights (OCR) implementation and policy	❑	❑	❑	❑
health needs	❑	❑	❑	❑
other	❑	❑	❑	❑
Planning				
staff development	❑	❑	❑	❑
curriculum	❑	❑	❑	❑
schedules				
master	❑	❑	❑	❑
individual	❑	❑	❑	❑
special events	❑	❑	❑	❑
other	❑	❑	❑	❑
Procuring				
grants	❑	❑	❑	❑
other	❑	❑	❑	❑

Figure 5

Pupil Services Team-Building Checklist for Role Clarification

Each school counselor, school nurse, school psychologist, school social worker, and administrator completes the following checklist, entering a "P" in the column box if the team member has a primary role, an "S" if a shared role, an "N" if no or minimal role, and an "A" if an administrative role. After this is completed, the team determines where roles overlap and where roles are distinct. Refer to section on how to use Team-Building Checklist on page 18.

Assigned Task	Team Member				
	School Counselor	School Nurse	School Psychologist	School Social Worker	Administrator
Advising students about					
careers					
credits					
developmental problems					
enrollment					
schedules					
transitions					
health concerns					
other					
Consulting about					
early entrance					
Exceptional Educational Needs (EEN) students					
Individual Education Plans (IEPs)					
Individual Health Plans (IHPs)					
M-team procedures					
needs assessments					
prevention					
safety					
truancy					
learning behavior problems					
health conditions					
other					

Assigned Tasks	Team Member				
	School Counselor	School Nurse	School Psychologist	School Social Worker	Administrator
Delivering					
programs					
Suicide Prevention					
Crisis Intervention					
Children At Risk					
Gifted and Talented					
Child Abuse Prevention					
Health Services					
Health Promotion/Wellness					
Health Education					
School-Age Parents					
Student Assistance					
Collaborative Building Support Teams					
counseling					
individual					
group					
other					
Evaluating					
school climate					
program effectiveness					
student needs					
observations					
tests					
other					
Instructing					
classes of students in developmental guidance					
parent inservice					
staff inservice					
other					

Assigned Task	Team Member				
	School Counselor	School Nurse	School Psychologist	School Social Worker	Administrator
Interacting with					
college representatives					
community agencies					
community health professionals					
referral agencies					
other					
Monitoring					
attendance					
child abuse and neglect reports					
diversity trends and needs					
nondiscrimination					
inclusion					
Sec. 504 of Office of Civil Rights (OCR) implementation and policy					
health needs					
other					
Planning					
staff development					
curriculum					
schedules					
master					
individual					
special events					
other					
Procuring					
grants					
other					

Figure 6

A Sample Plan for School Counseling

Mission

The School District of _____, in partnership with its students, families, and communities, will challenge its students to ensure their mastery of the skills necessary to become lifelong learners fully capable of competing in and contributing to a dynamic global society. It will set high expectations for the whole learner and provide the necessary resources for education, while recognizing each individual's uniqueness, in a healthy, joyful, and caring environment.

Goal Statement

Pupil services will help students take responsibility for their own learning in school, a skill necessary for becoming a lifelong learner.

Objective

Pupil services will provide instructional opportunities for students to participate in activities that increase self-responsibility.

a. In the elementary grades, pupil services will identify and develop classroom activities that can be facilitated by the teacher and other pupil services providers and that enable students to
   - describe the role of mistakes in the learning process,
   - demonstrate appropriate learning behaviors in a variety of settings,
   - describe the role of good study skills and their relationship to learning, and
   - identify responsibilities within the school and demonstrate strategies to carry out responsibilities.

b. In the middle level grades, pupil services will identify and develop classroom or school activities that enable students to
   - take ownership and feel pride in completing assignments on time and doing quality work,
   - describe the role of continued learning in improving the development and achievement of personal and career goals,
   - identify individual learning strengths and needs as well as a plan to improve them, and
   - develop a plan to explore the variety of opportunities available during the high school years.

c. In the high school grades, pupil services will identify and develop activities, within the school and community, that provide opportunities for students to
   - continually improve study skills,
   - recognize the importance of making efforts to accomplish one's best work, and
   - understand the relationship between the educational skills and competencies and their relationship to the world of work.

Figure 7

A Sample Plan for School Nursing

Mission

The School District of _____, in partnership with its students, families, and communities, will challenge its students to ensure their mastery of the skills necessary to become lifelong learners fully capable of competing in and contributing to a dynamic global society. It will set high expectations for the whole learner and provide the necessary resources for education, while recognizing each individual's uniqueness, in a healthy, joyful, and caring environment.

Goal Statement

Pupil services will develop and implement a health services plan to ensure the success of the whole child by providing a healthy, nurturing environment.

Objective

Pupil services will help children and youth know more about and access health care services in the community through screening, case finding, and service delivery such as preventive and special health care need services, treatment, counseling, referrals, follow-up, and health education through in-classroom, one-on-one groups, and teacher training. Pupil services will

a. facilitate linkages and access to services provided in school and by community agencies,

b. provide relevant information about health promotion and disease prevention (for example, through student-centered and staff-centered wellness activities),

c. create awareness about health via short articles in student and staff newsletters, and

d. link with the health curriculum (working toward comprehensive school health education) when providing direct health services (for example, anticipatory guidance).

Figure 8

A Sample Plan for School Psychology

Mission

The School District of _____, in partnership with its students, families, and communities, will challenge its students to ensure their mastery of the skills necessary to become lifelong learners fully capable of competing in and contributing to a dynamic global society. It will set high expectations for the whole learner and provide the necessary resources for education, while recognizing each individual's uniqueness, in a healthy, joyful, and caring environment.

Goal Statement

Pupil services will develop building consultation teams that enable students with behavioral or learning challenges to master skills necessary to become lifelong learners according to each individual's uniqueness.

Objective

Pupil services will work with the building principal, classroom teachers, and other pupil services providers to develop a building consultation team designed to identify and provide resources for students with behavioral or learning challenges. Pupil services will

a. develop a child-centered system by which teachers can refer students who need the resources of the building consultation team to master necessary academic or behavior skills,

b. develop parent-friendly information about the consultation team,

c. identify resources, within the school and community, that students can access for additional support,

d. coordinate regularly scheduled meetings of the building consultation team, involving the principal, teachers, and other pupil service providers,

e. develop procedures for conducting team meetings in an efficient manner,

f. train building staff to use the building consultation team process, and

g. develop, for students referred to the building consultation team, instructional and behavioral strategies that will enable students to succeed.

Figure 9

A Sample Plan for School Social Work

Mission

The School District of _____, in partnership with its students, families, and communities, will challenge its students to ensure their mastery of the skills necessary to become lifelong learners fully capable of competing in and contributing to a dynamic global society. It will set high expectations for the whole learner and provide the necessary resources for education, while recognizing each individual's uniqueness, in a healthy, joyful, and caring environment.

Goal Statement

Pupil services will conduct activities that encourage parents to become more involved with the achievement of their children and to help them become lifelong learners.

Objective

Pupil services will seek to empower all parents by acting as advocates for them in dealing with the school and encouraging them to use services. Pupil services will

a. identify those families where parents have not had consistent contact with the school and make direct contact with them to determine why,

b. designate an area as "family resource centers" and maintain a supply of pamphlets, books, and resources for use and loan to families,

c. develop parent education and involvement sessions in collaboration with families and community agencies that will address topics of concern selected by the parents, and

d. evaluate the effect of their actions by maintaining a record of the number of parent contacts made, number of those in attendance at parent education sessions, number of times the resource center was used by families from the community, and by conducting a survey of families and classroom teachers to determine if parent involvement has increased.

Figure 10

Sample Pupil Services Team Work Plan for School Year

Pupil Services Team Goal

The pupil services team will develop and implement a building consultation team that enables students with behavioral or learning challenges to master developmentally appropriate skills.

Objectives	Tasks	Time-line	Responsible Person	Status	Date Completed
A. Develop a building consultation team that identifies and provides resources for children who are referred for help.	1. Develop a referral form.	July to Aug.	School Psychologist and School Nurse		
	2. Develop a directory of school and community resources.	May to Aug.	School Social Worker and Nurse		
	3. Develop parent notification and invitation letter.	July to Aug.	School Counselor and School Social Worker		
	4. Develop written procedures for conducting meetings.	May to Aug.	School Psychologist and Scho Counselor		
	5. Inservice building staff on use of building consultation team.	Aug.	Pupil Services Team		
B. Implement building consultation team.	1. Coordinate and schedule building consultation team meetings.	on-going	School Counselor		
	2. Identify instructional and behavioral strategies for students.	on-going	Pupil Services Team		

The School Building Pupil Services Team 3

After having reviewed districtwide considerations as they pertain to collaboration, it is important to examine the functioning of pupil services delivery at the building level. Building-level pupil services teams can be approached in terms of traditional services delivery and collaborative services delivery.

Traditional Building Services Delivery

Delivering pupil services can be difficult and complicated in the school setting, which often operates in a fragmented manner. Often students spend time with many teachers and specialists throughout the day. This may result in pupil services providers delivering services in the same fragmented manner that affords few or no opportunities for staff members to communicate with each other on individual cases, or to plan and coordinate services.

As a result of this approach, the school nurse may be seeing a student for health reasons, the guidance counselor may be interacting with the same student in a counseling group, and the school psychologist or school social worker may be working with the same student conducting assessment. Each provider is working on a different, yet related, aspect of a child's life in isolation from the other service providers. Sometimes a provider only finds out that the child is seeing another provider when the parent or guardian is contacted and mentions having already talked to one of the pupil services provider's colleagues. In such situations, no one provider has a comprehensive knowledge or understanding of the whole child.

Frequently, pupil services providers are assigned to more than one school. This further hinders a team's ability to plan and coordinate services to students. This arrangement creates two major scheduling difficulties. First, a provider cannot always serve a student when the student needs service. Sometimes the provider is assigned to a different building when the student needs his or her services. A student, parent, or teacher may request that counseling or testing be provided on a Tuesday, but the service provider may be assigned to a different school on Tuesdays. While the provider might be willing and able to accommodate the request, doing so disrupts service in the other school.

Second, the various pupil services providers cannot coordinate and communicate among themselves readily when providers are not all assigned to a particular school on the same day. Under such arrangements, team members usually spend an inordinate amount of time attempting to communicate with each other by phone or written notes. Services become fragmented and uncoordinated, resulting in an inefficient use of the provider's time and inefficiency in delivering services.

Often limited space dictates how pupil services providers are scheduled in various school buildings. The school social worker and nurse may be assigned to use one office that accommodates only one person. Consequently, they are scheduled to use the space on alternate days. Although this arrangement addresses space needs, it prevents the two pupil services providers from readily coordinating shared caseloads or consulting with each other on complex student problems. Also, it creates a problem when one of the providers needs to

use the shared space due to a student crisis or scheduling need but another provider is scheduled for that time. In such instances, time is wasted while the pupil services provider searches for a private area to work with the student.

The traditional model of pupil services delivery (see figure 2, page 10) consists of several other characteristics that contribute to inefficient and ineffective use of pupil services resources. Many districts are replacing this model with a collaborative model that, in part, reduces the impact of these barriers to service delivery.

Collaborative Building Services Delivery

In addition to problems delivering pupil services efficiently and effectively, the need for services has been increasing faster than school financing has been able to respond. This need, along with the previously mentioned difficulties, has prompted pupil services directors and staff members to find creative ways of delivering more services to more students by using a collaborative team model at the building level. Districts may have different names for the teams, such as teacher assistance teams or building consultation teams, but the teams operate similarly.

Collaborative building pupil services teams serve students in two ways. First, students benefit collectively as well as individually as the team works on systemic needs, such as the school climate, classroom discipline, or program development. When team members are able to share information through regularly scheduled collaborative team meetings, trends in student needs may become evident. Evidence of trends enables the team to increase its effectiveness by moving its focus from problems and solutions affecting individuals to problems and solutions affecting groups of students within the educational system. For example, the team might respond to an increase of in-grade student retention by providing opportunities for inservice on developing alternative strategies designed to accelerate learning for children at risk of failure, or developing a peer mediation group to reduce disciplinary referrals for fighting, bullying, and harassment of other students.

One building's collaborative team initiated an alternative education program for chronically disruptive youth at risk of not graduating. The team was able to identify, through high numbers of referrals to the team, the needs of a particular group of students and to make recommendations appropriate to this group's needs by developing an alternative education program.

Frequently, systemic problems are recognized only when pupil services providers are able to share information. The school psychologist may be aware that three students are being considered for in-grade retention, not realizing that the guidance counselor is aware of two others and the school social worker of yet another student in the same classroom. In such situations the teacher will need help from the collaborative pupil services team to reduce the need for retention. Perhaps the teacher cannot effectively work with the number of students who are experiencing academic difficulty in one class because of high student needs. In such a situation the team, along with the building principal, needs to identify changes within the system to promote student success and support the classroom teacher.

The collaborative team works also on the individual needs of students referred because of academic, social, emotional, physical, or behavioral difficulties. Usually individual student needs are viewed as either developmental, environmental, or intra-individual (within-child) issues.

A student depressed about breaking up with a boyfriend or girlfriend may be encountering a *developmental issue* and need help developing skills for coping with rejection. Developmental concerns surface in all children largely as a function of growing up and preparing for adult roles and relationships.

A student facing retention because of learning more slowly than classmates might be facing an *environmental issue*. A student placed in an overcrowded classroom would not have access to a teacher who could provide individualized instruction and adapt the curriculum to the child's ability and learning style.

Another student who is progressing slowly and facing retention but is in a classroom conducive to individualized instruction might be facing an *intra-individual issue*. In this case the child may not be motivated or may have an exceptional educational need.

While these examples seem clear-cut, more than one factor may be operating in any one case. The team must decide how to intervene appropriately, including identifying the pupil services provider with the training and expertise that matches the needs of the child and identifying the needed intervention. A useful resource for coordinating interventions and the knowledge and experience

of team members is *Interventions: Collaborative Planning for Students at Risk*, by Randall Sprick, Marilyn Sprick, and Mickey Garrison.

The collaborative building pupil services team is designed to

- accept referrals for students experiencing difficulty,
- work with the student's teacher to identify possible causes of the difficulty and define the problem,
- decide if the referred student's difficulty is due to a systemic or individual need and if a handicapping condition may exist, warranting referral to a multidisciplinary team for evaluation,
- decide what data is needed (for example, information about cognitive abilities, social skills, achievement scores, health information, or family perspectives of a child's strengths and weaknesses),
- discuss possible interventions, and
- decide who will monitor and carry out the interventions.

Members of the collaborative support team strive jointly to

- support the classroom teacher and each other in problem solving,
- provide consultation,
- involve parents and caretakers, and
- identify ways to improve student behavior or learning, such as using school or community resources, providing staff inservice, helping to individualize instruction, or improving the school climate.

As with teamwork at all levels, teamwork at the building level is characterized by cooperation, coordination, and collaboration. The collaborative team is based on mutual cooperation among team members, coordination of service delivery within a school building, and collaboration among all team members to solve the problems of individual students and improve systems that adversely affect student learning, behavior, and development.

The collaborative team improves efficiency when it defines clear policies and procedures about routine activities such as reporting child abuse or referring a student for alcohol or drug screening. It coordinates service delivery by assigning one member of the team to follow the student and serve as a link to parents and other services providers in the school or community.

In thinking about the collaborative building team, it is helpful to remember the five stages of collaboration outlined in chapter 1, beginning with formation/conceptualization. In general, teams are formed by members who have a claim or interest in the reason for the collaboration. People with an immediate claim or interest in more efficient and effective pupil services delivery are the individual providers and the pupil services director. In schools forming collaborative building teams, the director of pupil services initiates and supports the process. In addition to the pupil services providers, the team may include the principal or vice-principal.

An administrator facilitates the team while it is being formulated. Initially, the team will work with the administrator to help establish a structure and organized procedure for receiving and processing referrals. Also, administrative support and guidance is essential for

- analyzing system barriers that adversely affect student achievement and development;
- securing the support of administrators of other programs, such as curriculum and instruction, in developing action plans to remove barriers to student achievement; and
- promoting open and consistent communications with parents and teachers about children's difficulties and planned interventions.

Administrative support and guidance is necessary also for identifying resources at the school-building level. Resources include time, meeting space, clerical support, and information about prospective participants in the collaborative team process.

Teams involve pupil services providers and teachers. For instance, the team might need to discuss a student's unique situation with a teacher who has expertise in a specific academic or behavioral area, such as learning disabilities or emotional disturbance. The coordinator of a particular program might be asked to suggest how a student could benefit from a program focusing on children at risk, suicide prevention, health, students with exceptional educational needs, remedial education, alcohol and other drugs, and gifted and talented students. Community agency representatives or parents may participate also when appropriate.

Before discussing an individual student or an identifiable group of students in the presence of nonschool or community-agency staff who may be involved with the child, written permission from parents is needed. Students' rights are protected under s. 118.125, Wis. Stats., and under the Family Education Rights Privacy Act. Two publications may be helpful when developing guidelines for sharing student information while protecting confidentiality: *Glass Walls: Confidentiality Pro-*

visions and Interagency Collaborations, by Mark I. Soler, Alice C. Shotton, and James R. Bell and *Confidentiality and Collaboration: Information Sharing in Interagency Efforts*, a publication of the Education Commission of the States.

During the development stage, team members establish a systematic process for formalizing collaboration. They do this by agreeing upon ground rules, roles, and responsibilities.

Two important ground rules remind team members to

- share power and authority (which empowers teams to function effectively) and
- celebrate successes.

Individual team members must commit to participating, and administrators and school board members must commit to providing the support needed to develop and maintain an effective collaborative support team. Teachers commit to meeting with the collaborative support team when students from their classroom are referred to the team or when assigned to the team. Administrators encourage and support the involvement of teachers, who bring a wealth of knowledge about the student and are the key to a successful intervention. The referred student's teacher is always an equal member of the team and is supported by the team in order to help the student.

Following are guidelines about the roles and responsibilities of members of collaborative teams.

The principal

- ensures that teachers in need of services are able to attend meetings,
- supports the team's recommendations,
- provides the team with adequate space and clerical support where necessary, and
- attends meetings of the collaborative support team.

The team facilitator

- maintains neutrality during discussions,
- coordinates a schedule of referrals from within the building prior to meetings and prepares the agenda,
- communicates with team members who have been assigned to follow up on referrals,
- designates a recorder for each meeting and sees that summaries of recommendations are disseminated or otherwise made available for future reference (as in figures 14, 15, and 16, on pages 41 through 43),
- facilitates discussion and problem solving, keeping track of time and helping members to stay on task, and
- rotates this responsibility with other team members.

Teachers referring students

- provide well-organized and relevant information about the student, including information about previous interventions addressing behavioral or academic concerns (as in figure 13 on page 40),
- act as equal partners with team members in problem solving, and
- commit to carrying out identified interventions.

Other team members

- help define the problem and identify factors contributing to the problem,
- provide resources or technical assistance in the classroom or other relevant environment,
- act as a liaison between teacher, parents, other school resource people, or community resources, where necessary, and
- assume responsibility for case management of referred students.

Ground rules specify how the team will operate. Team members decide where, when, and how often and long they will meet. The DPI recommends at least once per week for two hours. They decide how to establish a referral system and how to set an agenda. Unless the district already has a referral form that requests needed information, the team may want to develop a form to be used by someone referring a student (see figure 13).

Meetings can be held before, during, or after the school day. When meetings are held during the school day, arrangements are made to allow teachers to attend. Some schools schedule a substitute teacher for the classrooms so the classroom teachers can meet with the collaborative team. Others use team teaching arrangements or schedule team meetings when the teacher's students are attending art, music, or physical education activities that are led by another teacher.

Collaborative building teams meet weekly. Meeting less frequently impedes the development of cohesiveness, which is necessary for effective problem solving. Also, less frequent team meetings increase the possibility that members might postpone or forget about follow-up activities as crisis situations or other priorities arise.

Meeting weekly offers two benefits. The team's regular presence within the school building represents support to teachers experiencing difficulty with students. Additionally, teachers wanting to use the resource know it is available within a week. This influences how much teachers value the collaborative support team and contributes greatly to teacher support.

In the implementation stage, an initial consideration involves scheduling inservice training for building staff members. If the team is to be effective, all staff members must know what it does and how it operates. Also, they must understand how the referrals to the team differ from referrals for exceptional educational needs.

With administrative support and leadership, the collaborative building team is ready to begin meeting regularly. As the team implements its procedures, the need for revisions will become evident. When adjusting procedures, the team must inform teachers to avoid confusion or negative feelings about the team not functioning as originally planned.

Although considered the fourth stage, evaluation begins when the team finalizes procedures and documentation to be used. The team will want to know how well it has served administrators, teachers, parents, students, and the school; have the team's recommendations resulted in positive change in school policy or practices or led to the development of alternative services for students? How many referrals were handled and with what degree of success? (See figures 15 and 16.)

The fifth stage, termination, will occur at the end of the school year once evaluation of the team is complete and decisions are made concerning any revisions, modifications, or changes in policies and procedures. The team gathers data continually and summarizes it annually. The summary can be used for reporting to the school board. The data will identify weaknesses the team can address. For example, collaborative teams are to include teachers. If teacher participation has been low, and evaluation reveals that the times chosen were unsatisfactory to teachers, the team can adjust its schedule or see that a teacher's students are supervised so the teacher can participate.

Collaborative teams are influenced by the "mediating variables" of goals, resources, power/authority, and flexibility. One of the team's resources is the knowledge and skills of its members. Although pupil services providers are trained in their individual disciplines, they might receive minimal instruction and preparation in working with or understanding the roles of other pupil services providers. Because of this, pupil services personnel frequently require additional training or experience in developing teamwork skills and an understanding of their colleagues' potential contributions to the team, students, and school district. Without the needed knowledge and skills, members will be unable to collaborate successfully. As mentioned previously, teams function successfully when power and authority are shared among all team members. A balance of power and authority results in full utilization of team members' skills and expertise.

Flexibility is needed on both a personal and professional level. By focusing on areas of agreement, such as the team's goals, members can overcome differences in philosophy or beliefs and concern themselves with whether students are served well, regardless of who serves them. For example, the school nurse is not the only person who can dispense medication. A school psychologist is trained to do far more than psychometric testing. High school counselors can do more than schedule students. The school social worker serves more than truancy programs. Effective team members are flexible in their expectations of their colleagues and willingness to work together.

The information in figure 11 on collaborative teams for pupil services was developed by the Milwaukee Public Schools' Office of School Psychological Services. It is included here as it provides an example of how pupil services can be effectively and efficiently delivered at the building level. Figure 12 gives tips for collaborative problem solving. The remaining figures are sample forms useful in the collaboration process, which districts may use as guides to create their own forms.

Figure 11

Collaborative Support Teams

Definition

The Collaborative Support Team (CST) model is designed to assist educators in problem solving and in making appropriate intervention decisions for students with learning and behavior problems. *A basic premise of collaborative problem solving is that all educators in a school share responsibility for successfully educating every student in that school.* The CST process, therefore, is based upon the concept that student learning and behavior difficulties are best dealt with by educators working collectively as a team. The Collaborative Support Team assists school staff members, parents/families, and community agencies in planning, implementing and evaluating intervention strategies that meet students' academic, behavioral, and social-emotional needs. The CST model acknowledges the benefits of collaboration as an effective problem-solving process and emphasizes that school staff members who work as a team can successfully resolve more problems than individuals working alone. The CST model emphasizes group interaction, communication, and cooperation to creatively and effectively deal with significant student concerns.

Purpose

The CST enables a school to meet the broad needs of all students. Team participants are dedicated to finding helpful, creative responses to problems. Through the CST, a format is provided for group problem-solving which generally produces more effective outcomes than problem solving in isolation. The team assists in developing a variety of strategies and interventions that promote pupil achievement and success. The team also provides support for parents while involving them in the collaborative process of helping their child. A number of positive outcomes occur as the result of successful implementation of the Collaborative Support Team process in a school:

- More efficient and effective assistance is provided to both students and staff; *structured* support is offered to teachers by their professional colleagues.
- A practical systematic process operates to address, identify, and remediate a variety of instructional and behavioral concerns about students [Note: The CST is *not* a substitute for the M-team process which exists to identify student exceptional education needs; however, it functions effectively as part of the pre-referral process and promotes early intervention which may lead to prevention/resolution of more serious student problems].
- The success of students within regular education programming is increased, thereby decreasing inappropriate and excessive referrals to exceptional education, alternative schools, supportive services, and community agencies.
- The skills and services of supportive service and resource staff are more effectively utilized; movement from "expert" to role of collaborator and facilitator is initiated.
- More productive communication is promoted between school personnel and community resources; better access to community agencies and services is provided for students and their families.
- A building-level support system for all school staff promotes a more positive attitude in working with students experiencing learning and behavioral concerns.

Participants

In order to facilitate true staff collaboration, it is crucial to include classroom teacher representatives as CST members (e.g., some CST positions may rotate or alternate among the school staff). It is also necessary that the individual who sought CST involvement for the student is in attendance when that student is discussed. Representatives of community social service agencies, parents/legal guardians, or the student may also be CST members and participants, if appropriate. A variety of school professionals may serve on the CST with each school determining those staff members who will best meet their school's needs.

Selection

There are several options to consider when selecting team members with the principal/designee to choose the selection method that will best meet the school's needs. The principal/designee may appoint team members, may solicit individual staff members to volunteer to participate on the CST, or may have the school staff choose the members of the team. In order to allow for maximum participation in the CST, options must be considered for release of teachers to participate as standing members and as the referring person on the team. Options might include the use of substitute teachers or the payment of teachers for team meetings which are beyond their regular duties or workday.

Coordination

Each CST must have a coordinator to facilitate team meetings and serve as a contact person within the school for individuals who wish to initiate team action. The role of the CST coordinator is crucial to the smooth functioning of the team. The coordinator will assist the school staff in accessing the process, will be responsible for setting the meeting agenda, and will keep written records of team meetings. Members of the CST may wish to choose one team member to serve as team coordinator, or the role may rotate with various team members serving as the coordinator at different points in time.

Procedures

All students are eligible to receive services through the CST. Any person can initiate CST action. *The Collaborative Support Team works most efficiently and effectively when informal consultations with school staff members and specific interventions have been attempted prior to beginning CST action.* The CST is accessed by contacting the team coordinator and completing the form requesting a specific statement of the concern, pertinent background information, and a summary of previous interventions. As personal information regarding the child and the family may be discussed during the CST process, the referring person and the other participants on the CST have a responsibility to observe appropriate and strict rules for confidentiality with regard to CST information. The CST coordinator reviews the first page of the CST form for appropriateness and completeness, then schedules the student on the CST agenda, and distributes agenda information to team members prior to the scheduled meeting.

Records

A record of each meeting is maintained on the CST form, which a team member completes to document the team's activity and the disposition of each student's case. One copy of the CST form should be kept in the team coordinator's CST file and a second copy of the form should be placed in the student's cumulative record.

Reprinted with permission of the Milwaukee Public Schools/Office of School Psychological Services

Figure 12

Tips for Collaborative Problem Solving

Effective small-group problem solving is usually a rather delicate balance of "head and heart." A group's collective will to solve problems, its creative brainstorming of new strategies, and its resulting commitment to the action plan it conceives, rests ultimately upon the quality of the group members' relationships and their ability to function in a collaborative manner. The exhausting pace and difficult demands of the contemporary urban school setting often work against this type of relationship developing between educational professionals.

The following five guidelines, therefore, are offered to facilitate the early stages of group problem solving, which are so critical to the information and maintenance of collaborative relationships as well as the successful functioning of a school's Collaborative Support Team (CST):

1. **Relax.**
   Under stress, help-givers and help-seekers often persist in doing "the right thing" in the face of overwhelming evidence that it is not working. One of the advantages of collaborative problem solving is that each participant is only called on to *share* his or her expertise, not to be an expert. Expertise lies within the team; consequently, an individual CST member can be relatively free of performance anxiety.

2. **Join.**
   Collaboration (literally, "to work together") implies a sense of "we-ness." Colloquialisms such as, "We should put our heads together on this" signal the desire for a collaborative relationship. Similarly, school professionals can quickly dispel any notion that they possess *the* answer or cure to the problem. In the CST setting, it is incumbent upon team members to seize every opportunity to communicate and reinforce the concept that "We are in this together." This attitude automatically limits side-taking, keeps a group focus on the presenting problem, facilities collaborative problem solving, and eliminates the need for any individual "experts."

3. **Take Time to Define the Problem and to Set Goals.**
   It is widely accepted that how a problem is defined directly influences its resolution. Often, a problem may be initially presented in hopeless and insoluble terms. If the problem remains framed or posed in hopelessness, then it probably will be insoluble.

   Defining the problem, then, becomes the most challenging phase—both cognitively and emotionally—of the CST problem-solving process. Being "helping professionals," it is not surprising that the anxiety, tension, and difficulty associated with a complex student problem situation may conspire to push one in the direction of looking for immediate "cures" such as M-team evaluation, psychological testing, or transfer to another classroom or school setting.

   The goal in this phase, then, is to create a safe and candid atmosphere in which to explore the problem, turn it over, and look at it from different angles. It is often necessary, therefore, to slow the pace at this juncture. Employing the "Columbo routine" (e.g., imitating the bungling TV detective's technique of stating, "Let me see if I've got this straight. You mean . . ") is not only an effective summarizing and clarifying tool, but also buys much needed time to explore and expand ways of defining the problem.

The language used at the CST meeting can have a profound impact on how the problem is approached, defined, and addressed. References to labels obscure the specific nature of the problem and their use has been demonstrated, for example, to erode the confidence of educational professionals in their abilities to teach or help students "at risk." CST participants must utilize skillful questioning at this stage—questioning that does not challenge or erode the collaborative relationship (as in an interrogation), but questioning that gently narrows global terms and labels (e.g., laziness, immaturity, LD depressed, ADHD) to observable, concrete, and *alterable* terms. A carefully defined problem implies a continuum to growth which, in itself, symbolizes a new sense of hope.

4. **Explore and Select Intervention Strategies With Care.**
Analogous to strategies in cooperative learning, interventions that require interdependence between various educational professionals have the highest probability of facilitating change or resolving the problem. In selecting strategies generated through group brainstorming, it is not only courteous, but wise to defer to those CST participants who are most likely to implement the chosen strategies. If the strategies are not acceptable to those who volunteer or who are chosen to implement them, they will most likely be either actively or passively resisted.

As in science itself, the Law of Parsimony applies to selecting interventions and developing an action plan. CST participants should consider choosing the least intrusive and least complicated intervention(s) believed to have a reasonable chance of creating movement toward the goal of resolving the problem. It is important to recognize that small movements in a system are less likely to elicit resistance and can have surprisingly dramatic outcomes over time.

Often, of course, by the time a Collaborative Support Team meeting is called, a number of interventions may have been tried. When this appears to be the case, "more-of-the-same" types of efforts should be viewed with suspicion and the problem should be reconceptualized or reframed. Reframing is a frequently cited motivational tool that strives to change the attributions (i.e., the perceived causes) of a problem to a more objective and less complex explanation. Successful reframing loosens the grip of rigid beliefs and attitudes and, as a result, allow for the possibility of change and successful collaborative group problem-solving.

5. **Create a Positive Climate for Collaboration.**
When implemented correctly, the CST process can be an extremely powerful support tool in the school. When establishing a CST, it is very important to create a positive school climate. The following reminders promote such a climate.

- ***Our kids, not your kids.*** Reaffirm that all students are the responsibility of the entire school staff.
- *I've got this kid that . . .* Acknowledge that every professional at some point in his/her career encounters a student that challenges even the most trained and experienced educator.
- *Different strokes for different folks.* Support the theme that as educators we must recognize and respond to individual differences in students as well as our professional colleagues.
- *Responsibility with authority.* Recognize that the teacher requesting assistance from the CST is always in control of the referral.
- *School-based, not program- or district-based.* Foster the idea the CST is an agent of the school staff and should reflect the staff's character, strength, and needs.
- *Strength in numbers.* Promote the message that the expertise and experience of the school staff is perhaps the greatest resource available in addressing the issues of "at-risk" students.

Reprinted with permission of the Milwaukee Public Schools/Office of School Psychological Services.

BEST COPY AVAILABLE

Figure 13

Request for Action from a Collaborative Support Team

This form should be completed by the requesting person.

Student Name

School | Grade

1. Describe in specific terms what you would like this student to be able to do that he/she does not presently do.

2. Describe the student's strengths and challenges.

Strengths **Challenges**

3. Describe what modifications, adjustments, or interventions you have tried to help this student.

4. What background information and/or information from school records might be helpful?

5. Has the student's parent/guardian or family been involved? ❑ Yes ❑ No

6. Has a community agency been involved with the student/family? ❑ Yes ❑ No

If "yes," please identify the agency: _____

Signature of Referring Person ➤ | Date

Reprinted with permission of the Milwaukee Public Schools/Office of School Psychological Services

Figure 14

Form for a Collaborative Support Team Developing an Action Plan

Student Name	Meeting Date	Meeting Time

School	Grade

Participants

Statement of Concern

Goal (Expectation) to be Met

Intervention Ideas: *Brainstorm, then star* ✱ *the ideas selected for use.*

Strategies and Implementation Steps: *What will happen, when will it take place, who will do what, materials needed?*

Reprinted with permission of the Milwaukee Public Schools/Office of School Psychological Services.

Figure 15

Form for Planning Evaluation of an Intervention by a Collaborative Support Team

Student Name

School | Grade

Criteria for Intervention Success: *How will you know if the goal has been met or progress has been made?*

Evaluation Method(s) to be Used *e.g., observation, charting, assessment, interview.*

Method	Person Responsible	Timeline

Plan for a Follow-up Meeting: *When will the overall success of the action plan be reviewed?*

Date _____ Time _____

Signature of Recording Team Member ➤ | Date

Reprinted with permission of the Milwaukee Public Schools/Office of School Psychological Services.

Figure 16

Form for Reporting Follow-up by a Collaborative Support Team

Student Name	Meeting Date	Meeting Time

School	Grade

Participants

Progress Evaluation: *What were the results?*

Modifications or New Intervention Ideas

Date Begun	Description of Strategies and Implementation Steps

Next Course of Action *Check an appropriate strategy*

A. ❑ Concern resolved—case closed
B. ❑ Concern not resolved—continue current action plan
C. ❑ Concern not resolved—modify original action plan (attach new form if needed)
D. ❑ Concern not resolved—new action plan developed (attach new form if needed)
E. ❑ Concern not resolved—EEN referral?
F. ❑ Other alternative(s) recommended *List below*

Plan for Follow-up Meeting: *When will the overall success of the action plan be reviewed?*

Date _____ Time _____

Signature of Recording Team Member	Date
➤	

Reprinted with permission of the Milwaukee Public Schools/Office of School Psychological Services.

Figure 17

Invitation from Collaborative Support Team to Parents

(date)

(inside address)

Dear (name of parent or guardian):

We want to make learning a happy and meaningful experience for your child, (child's name). To plan how we can offer (him/her) the best education available and meet (his/her) needs, the Collaborative Support Team at (name of school) would like to meet with you.

To help arrange this meeting, we have scheduled to meet on (day and date) from (beginning time) to (ending time) at (location). If this time is not convenient for you or if you have any questions, please call me immediately at (school phone number) days or (home phone number) evenings.

Because you are your child's most influential teacher, your participation at this planning meeting is most important. Please think about what you see as (child's name)'s strengths so that we can use this information to make (her/his) educational experience happy and meaningful.

I look forward to meeting with you.

Sincerely,

(your name),
Collaborative Support Team Member

Figure 18

Thoughts About Collaborative Support Teams

C hanging times call for educational change
O pening new lines of communication
L earning to meet the educational needs of all students
L essening frustration by promoting collaboration
A ll students can learn—from idea to reality
B ringing solutions to the educational problems of the 90s
O pportunity to serve teachers and students
R ecognizing teacher commitment to students
A ccessing resources to promote student achievement
T eamwork that makes education successful
I nnovative planning to meet today's educational challenges
V IP: a Very Important Process
E ffective educational problem solving

S haring competencies and ideas
U nderstanding student learning and behavior problems
P roviding teachers with support
P romoting cooperation among professionals
O btaining assistance
R educing teacher isolation; encouraging cooperative decision making
T horoughly exploring new educational options and alternatives

T hinking and brainstorming to develop useful interventions
E mpowering school staff members as agents of change
A ssuming professional responsibility for improving education
M aking decisions that positively change the lives of students

Reprinted with permission of the Milwaukee Public Schools/Office of School Psychological Services.

Key Considerations for Pupil Services Directors

While previous chapters have focused on promoting effective teamwork through collaboration, in turn, collaborations depend on pupil services directors for leadership and support. The pupil services director's leadership and support of collaboration is contingent on factors such as organization of services, policy development, budgeting, personnel matters, staff development supervision, school board involvement, and parent involvement. Roles and responsibilities in these areas must be clearly defined and designed to allow collaborative pupil services teams at the district and building levels.

Organization of Services

Frequently districts organize pupil services disciplines through a program that combines pupil services and special education. The size of the district and tradition seem to dictate that arrangement.

Larger districts may choose to employ one person to administer special education and another to administer pupil services or have an administrator who supervises a coordinator of special education and a coordinator of pupil services. The more programs the administrator is responsible for, the greater the need for assigning assistants or program coordinators to the director. The administrative organization of services varies according to the unique characteristics of the district, skills of available personnel, and traditional arrangements within the district. The titles of the administrators also vary. Some examples are Director of Student Services, Director of Special Education, and Director of Special Education/Pupil Services.

Most districts with fewer than 2,000 students either

- enter into a 66:30 agreement for administering special education and pupil services (66:30 agreement refers to a Wisconsin statute that allows two or more local units of government, such as two school districts, to enter into a financial agreement to jointly provide service),
- contract with a County Handicapped Children's Education Board (CHCEB) for the administration of special education,
- contract with a Cooperative Educational Service Agency (CESA) for the administration of special education services, or
- employ one administrator to oversee both pupil services and special education.

In their book *Pupil Services: Development, Coordination, Administration*, Dean Hummel and Charles Humes note the following similarities and differences between pupil services and special education. Pupil services and special education may have been paired traditionally because delivering pupil services and special education both

- require knowledge of the physical, mental, emotional, social, and developmental needs, and cognitive ability of individual children,
- focus on intervening to meet individual needs, and
- provide related services prescribed by Individualized Education Programs.

The authors note the following differences between the two fields:

- Special education is instructional, while pupil services are generally not.
- Special education teachers have more in common with regular education teachers than with pupil services personnel because of the instructional nature of their work.

• Special education personnel are school-based and frequently are managed by school-building principals while pupil services providers frequently are itinerant and not classroom-based.

However, the authors suggest that "the way it's always been done" might not be the best way to provide pupil services. These considerations, along with the issue of district size, influence the relationship between pupil services and special education. Ultimately, the organization of pupil services and special education programs should be based on how services can best be provided for every student in the most efficient and effective manner.

The DPI recommends that districts appoint one central person to administer pupil services. This may be the director of pupil services, the director of special education, or the director of pupil services and special education. Mari Irvin and David Whiteside, in *Administration of Pupil Personnel Services: Pupil Personnel Services, Recommended Practices and Procedures Manual*, list four advantages to this arrangement. Having one administrator, they say,

• provides an organized mechanism for identifying districtwide program strengths and weakness,
• provides a centralized procedure for attaining program information,
• facilitates annual long-range and districtwide budget development, and
• facilitates uniform districtwide policy development.

In addition, this arrangement facilitates the efficient use of staff resources because the director is authorized to assign or, if needed, reassign staff members to best use individual strengths and to meet changing program needs.

Pupil services directors bring to the team leadership and administrative support through their formal training and experience. A director responsible for administering, supervising and evaluating pupil services staff needs an administrative license issued by the DPI, such as a Level 80 for directors of special education and pupil services, or a Level A for directors of special education. State statutes specify the requirements for Level 80 certification (see appendix C).

Salary, benefits, and seniority for pupil services directors are consistent with those of other administrators with similar workload responsibilities. Depending on the number of program responsibilities a director has been assigned, salary may be consistent with that of principals, directors of curriculum and instruction, or assistant superintendents. Each school district has a unique organizational structure, and no state guidelines have been set for determining salary. In addition to responsibilities, salary levels should reflect years of relevant experience, appropriate certification, and professional preparation. Since a director's influence spans preK-12 education, the director would report directly to and be supervised by the district administrator or assistant district administrator.

Pupil services directors serve districts, schools, students, and families. They are in constant contact with and valued by school principals as well as other program administrators.

Pupil services directors see that the district affords each student the services needed for the student's development and education. Without a districtwide director, pupil services may vary in availability and quality within the district. For example, one elementary school may have a very strong alcohol and other drug prevention program because of the principal's support, whereas the prevention program at another school's program is weak due to lack of support or different priorities. The pupil services director can work collaboratively with other administrators to ensure uniformity of program services from school building to school building.

Pupil services directors can bridge divisions between instructional and noninstructional services. In *Pupil Services. The Team Approach*, Toy Watson warns of such divisions, saying they lead to competitiveness, mistrust, and blocked service delivery. When the director of curriculum and instruction works with the director of pupil services to modify curriculum for children at risk, the district reduces barriers to service delivery and models collaboration.

Pupil services directors resolve disagreements at the district and school level. At times, administrators disagree about issues such as allocating resources, the need for intervention, or program staffing. Usually disagreements are due to differences in philosophy, priorities, or program goals. Pupil services directors promote agreement through collaborating on the joint goal of serving students.

The director's responsibilities are defined further by the *programs* the director is assigned to and the *activities* the director is responsible for within each program. Programs a pupil services director might be assigned to supervise include Alcohol and Other Drug Abuse, Violence Prevention, Children At Risk, Child Abuse, Developmental Guidance, Emergency Nursing, Suicide Pre-

vention and Intervention, Crisis Intervention, Special Education, to name a few. Activities within those programs might include meeting with the administrative team, supervising the work of staff, and evaluating the programs.

When pupil services directors are responsible for delivering the instructional components of pupil services prevention programs such as Child Abuse, Alcohol and Other Drugs, Suicide Prevention and Intervention, or Developmental Guidance, they must coordinate with classroom teachers under the supervision of principals and the director of curriculum and instruction. Each administrator has different responsibilities that must be coordinated. This coordination depends on clearly defined roles. Watson warns of "area(s) of support services [that] work alone and initiate independent procedures for delivery of service to pupils."

Often pupil services overlap with curriculum and instruction when students who have been referred for special education do not meet the eligibility criteria for a handicapping condition. Routinely, such students are referred to pupil services for follow-up coordination with the classroom teacher. Since the existence of an exceptional educational need has been ruled out, it then becomes necessary to determine what other services or accommodations would benefit the child.

Sometimes the learning, behavior, or emotional problem is one the child can learn to control or overcome by developing skills or receiving additional support. In other cases, the problem is one the child cannot control. Perhaps the curriculum is too difficult for the student or instruction is being delivered in a way that is incompatible with the student's learning styles. In such cases, the respective roles and responsibilities of the directors of pupil services and curriculum and instruction or building principals would need to be clearly defined. This helps to facilitate coordination of services for individual or groups of students.

Policy Development

The pupil services director has the primary authority to develop recommendations on policy regarding his or her assigned areas of responsibility. The director is also involved when others are developing policies that will affect pupils served by pupil services.

For example, when district officials develop policy on suspension and expulsion, the director would have a significant role, especially if the director is responsible for special education or for pupil nondiscrimination.

When developing policy, the director must be guided by knowledge of current statutory requirements and sound educational practice. Knowledge of practices that result in success rather than failure for students is found in current literature regarding learning, behavior, and child development. Sound educational practices do not interrupt the flow of services to students or create obstacles that result in a waste of staff time.

Policy development should also include input from parents, other staff members, students, and community members representative of the various racial groups residing in the community. Such representatives usually serve in an advisory role and may also take an active role in helping to communicate policy to others in the community.

Budgeting

Instructional services and pupil services may become competitive during budget development unless other administrators and the school board members view pupil services as valuable and essential resources for a successful instructional program. Budgets are based on an assessment of the needs of pupils, pupil services staff, teaching staff, and programs.

Frequently needs and resources are influenced by state and federal legislation and policy governing education. For example, Wisconsin's statute requiring protective behavior education results in the need for districts to purchase or develop curriculum materials and fund staff inservice activities. On the other hand, the U.S. Safe and Drug-Free Schools and Community Act provides funds for alcohol and other drug abuse programs and school violence prevention.

In addition to needs, the pupil services budget also must respond to the district's goals, long-range as well as immediate, and community input. When all these factors are included in its development, the budget is likely to secure a broad base of support.

The pupil services director may be responsible also for identifying fiscal resources that include grants or entitlements such as Chapter 1–Educationally Deprived Children.

The pupil services budget includes funds for all programs administered by the director and should be part of the district's general fund, or base budget, rather than the supplemental budget. This demonstrates the district's and community's commitment to providing the services students

need to succeed in school, and is especially critical due to the competitiveness within the district for a fixed amount of supplemental dollars.

A general review of school district budgeting is useful in determining how the pupil services program budget fits into the total district budget. District budgets project expenditures and revenues. Expenditures for a given school year are based on current operating expenses, capital outlay, and debt service. Current operating expenditures are based on the day-to-day school operational costs and include such items as salaries and benefits, pupil transportation, and utilities. Capital outlays are monies spent to acquire or upgrade such fixed assets as building construction, renovation, or computer technology. Debt service consists of money budgeted to retire principal and interest debts incurred by the district.

Revenues can be divided into three major sources: local, state, and federal. Local revenues come from taxes on property, investment earnings, income from school activities and fees, and rental income. Each district's local revenue is combined with state and federal revenue. State revenues consist of general aid and categorical aid. On the average, general aid exceeds categorical aid. Some categorical aid is state monies targeted for programs such as Special Education and related services, Children At Risk, School-Age Parents, and Pupil Transportation. Together they constitute approximately 45 percent of a district's revenue. On the average, about 4 percent of a district's revenue is federal. Federal aid is also categorical and includes such programs as Job Training Partnership Act (JTPA), Chapter 1–Educationally Deprived Children, or the Carl D. Perkins Vocational Education Act.

Personnel Matters

The pupil services director has primary responsibility, in cooperation with other administrators, for recommendations regarding hiring, supervising, evaluating and, when necessary, terminating staff members assigned to the pupil services program. Recruitment procedures must be nondiscriminatory and designed to attract people of various cultures, genders, and disabilities as well as those of other protected classes. The overall effectiveness of the various programs administered by the director relies heavily on the existence of staff members who are competent and able to work with diversified school populations. It is essential that the director, who will be held responsible for staff supervision and program effectiveness, must also be responsible for recruiting those who staff the programs assigned to the director.

Hiring decisions should move the district toward having a comprehensive pupil services team staffed by personnel representing each of the discipline areas of school counseling and guidance, school nursing, school psychology, and school social work. These individuals are recruited on the basis of their certification and professional expertise as well as the ability to work as a team with other pupil services professionals.

Sometimes controversy arises over the discipline represented by a new employee. For example, some staff members may think a position should have been filled by a counselor rather than a school psychologist. Such controversy is less likely to occur when hiring decisions are based fairly on needs and when the training and expertise of the candidates matches the identified needs of the district.

The process of screening, interviewing, and selecting an employee should involve existing pupil services staff, principals, parents, and other community representatives. Pupil services staff, principals, and parents will be interacting with the new employee, and parents can develop a better understanding of pupil services in addition to contributing a different and valuable perspective. For existing pupil services staff members, participating in the interview can be an important first step in building a new pupil services team as well as strengthening an existing one.

Once a hiring decision has been made, the new staff member needs to become orientated to the existing pupil services team so that staff members can begin to develop as a team and avoid working in isolation from one another. Expecting staff members to develop as a team without formal training or inservice is unwise. Adding a new person to an existing team changes the group dynamics and can delay or interfere with teamwork responsibilities unless formal training or inservice is provided.

Hummel and Humes (1984) suggest role analysis as an effective team-building strategy. This involves pupil services staff and the director reviewing job descriptions. Reviews should include discussions of expectations and role perceptions. Benefits include improved communication among staff members, clarification of roles and responsibilities, and recommendations for revising job descriptions. Figures 4 and 5 in chapter 2 can be helpful in role analysis.

Staff Development

The pupil services director supports and provides leadership for pupil services staff development. Staff development is critical for developing, implementing, and maintaining an effective pupil services team. The pupil services director provides leadership by ensuring that ongoing staff development and inservice opportunities meet the professional and programmatic needs of the pupil services staff.

The reasons for staff development are many. The knowledge and technology base for each discipline evolves constantly. Pupil services staff members must keep current with factors that influence the emotional, mental, physical, and social well-being of students.

The goals of the pupil services program will inevitably change over time in response to the changing needs of students; state and federal requirements; advances in research concerning learning, behavior, social, emotional, and physical development; and changes in local district goals. These changes may require staff members to develop new competencies and acquire new knowledge.

In addition to new competencies and knowledge within each discipline, staff development activities should provide pupil services personnel with new competencies and knowledge about education in general. Knowledge of issues such as site-based management helps pupil services staff and programs to participate in the larger education picture. Pupil services staff members participate in school restructuring efforts so that perspectives on student achievement and child development are balanced and the emotional, mental, physical, and social health needs of all students regardless of their circumstances are incorporated into any change.

Continuing education courses are a primary source of staff development. Pupil services professionals might choose a course in their field or education in general. Participating in professional associations and subscribing to professional journals also provides relevant professional development. Membership in professional associations provides staff development through contact with colleagues outside of one's place of employment. In this way, pupil services professionals can develop and maintain an objective, informed perspective of their own profession and professional issues. Also, professional associations advocate for children and help to promote the highest professional standards. Participation in professional groups might be especially valuable for pupil services teams in small districts, where collegial support may be limited by geography. Pupil services staff members may also enhance their skills by developing and conducting inservices for parents or caregivers, teachers, and others.

Sometimes staff development includes team building. Staff development that includes all team members ensures that everyone gets the same information and facilitates agreement about applying the information. While some staff development activities lend themselves to team building, group activities are no substitute for individual professional development because staff members will not always have the same information or skill needs.

Several methods have been noted and all are equally important for a comprehensive staff development program. No one method would meet the staff development needs of all members of a district's pupil services team. The director encourages staff members to take advantage of a variety of learning opportunities and allows a reasonable amount of release time where necessary.

Dennis Sparks and Sally Vaughn, in a 1991 article for *Wisconsin School News*, present an argument for requiring staff development. As a result of the "graying" of America, they note, many educators–including pupil services personnel and administrators–meet full certification requirements through a lifetime license and lack an incentive to take additional coursework that would apprise them of changes. Therefore, a formal requirement for staff development is essential to providing quality pupil services to students.

Supervision

When supervising and evaluating the work of staff members, pupil services directors need to consider their own qualifications as a supervisor-evaluator, the process they will use, and the difference between evaluating staff members and evaluating programs. The DPI requires anyone who supervises and evaluates other district employees to be certificated as an administrator.

Pupil services providers supervised by a director trained and licensed in one of the four pupil services disciplines face several advantages. Pupil services directors who have been trained as a school counselor, nurse, social worker, or psychologist thoroughly understand children's social, emotional, cognitive, and physical development

and the relationship between these areas and learning. Their understanding of the role and responsibilities of pupil services disciplines and programs comes from experience in their own discipline. In addition, they are familiar with and understand the concept of the standards of ethical practice that govern the various professions and provide a basis for counseling, confidentiality, parent involvement, and writing professional reports, as well as many other activities that differentiate the practices of pupil services personnel from those of instructional personnel.

However, an administrator with a background in one of the four pupil services disciplines may favor one discipline over another. Such a director must be careful to make hiring decisions and set policy and standards based on team and student needs and practices of all pupil services disciplines as opposed to promoting the discipline in which she or he was trained.

Watson (1985) discusses the importance of mutual respect and collaboration in overcoming barriers that may exist among pupil services professionals. One barrier that may arise during supervision and evaluation of staff members concerns the potential difficulty for a director trained in one discipline to fully comprehend the skills and expertise of a person trained in another. The following guidelines will help alleviate potential problems with supervision and evaluation.

- Supervision and evaluation are based on the written job descriptions that define the role and responsibilities of staff members. Job descriptions should be consistent with the mission and goals of the pupil services program and district and with the professional preparation and certification of the employees.
- Supervision is ongoing and may occur daily, weekly, or monthly and be formal or informal, depending upon the staff person's needs. When documentation is required, supervision should be formal and summarized in writing for the employee.
- Informal supervision occurs when a staff member seeks feedback or is open to constructive feedback such as how to improve consultation skills with a teacher. In either case, the director and staff member should discuss in advance the exact skill being targeted for improvement. Also, they should identify specific behaviors that demonstrate this skill. If necessary, they should identify and then provide staff development opportunities that would help improve the identified skill.

After laying all the groundwork just described, the director's role then becomes one of a researcher who collects data through observations and interviews and delivers feedback to the staff person. Supervision is a very important administrative role, as it provides a basis for evaluating job performance, which should be done at least annually.

Staff evaluation can be categorized as described by Jeff Zdrale (1992) in figure 19. Evaluation is qualitative (for example, meets ethical standards) as well as quantitative (for example, the number of students screened for academic problems) and may focus on process or product (outcome).

Evaluation is time consuming for both the director and staff member, yet in the long run the data has usefulness beyond staff evaluation. Qualitative and quantitative data can be used when reporting to other administrators and school boards to demonstrate program effectiveness, the need for additional staff, or reallocation of resources or programs.

Staff evaluation should not be confused with program evaluation. A staff member may be performing very effectively as a professional while the assigned program is not demonstrating effectiveness. For example, a children at risk program may not be reducing dropout rates despite highly skilled staff members because of too many students assigned to fewer than necessary staff, lack of adequate resources, or board policy that does not support accommodations and modifications in curriculum.

School Board Involvement

The pupil services director is responsible for communicating developments to the school board and parents. The need for positive relations with the school board cannot be emphasized enough. The director ensures that school board members are informed regularly about pupil services programs by attending board meetings. Guidelines for communications between the school board and staff should be described in board policy. In general, all formal communications and reports shared with the board should be submitted through the district administrator. Likewise, the board should communicate with staff through the district administrator.

In informal social situations between board members and pupil services directors, educational issues may come up as a topic of conversation. Such conversations should be limited to trends and general issues in order to avoid complications and possible misunderstandings.

Figure 19

A Cell Approach to Program Evaluation

	Qualitatively	Quantitatively
Processes	*Cell 1: Examining the process qualitatively* Is what the pupil services specialists have done commensurate with accepted standards from the state department of public instruction, the professional organizations involved, codes of ethics, procedural handbooks or curriculum guides? In other words, are the activities and the conditions under which they occur in keeping with accepted professional practices and standards?	*Cell 2: Looking at the process quantitatively* This involves tabulations regarding any aspect of what is being done such as the numbers of referrals, teacher staffings, walk-in clients, or program participants. Any attempt to give numerical significance to the activities in which staff are engaged is looking at the process quantitatively.
Products	*Cell 3: Assessing the product or output qualitatively* Here one is looking at judgments or perceptions about the effect of a process. One might request testimonies from clientele or summaries from others having relationships with the clientele. With this approach, the examiner solicits comments from client groups or others related to them about what occurred as a result of receiving services or participating in an activity under the direction of or provided by pupil services workers.	*Cell 4: Studying the product or output quantitatively* This is the most difficult area of evaluation because it assumes that some behavior or attitude of the client will change. When the desired result is a behavior, it is necessary to monitor it accurately. When the product or outcome is attitudinal or affective in nature, it is necessary to select some related behavioral criterion that can be measured to give an indication as to whether the client's thinking or feeling has changed. Evaluating outputs quantitatively also is challenging due to the influence of many causal factors extraneous to those being studied. Many districts develop their own evaluation instruments based on the job descriptions of staff members. Pupil services staff need to participate in the development of such instruments to experience a sense of ownership and direction in the evaluating. Also, staff members are the people most familiar with what they actually do day to day and can provide the most relevant criteria for measuring success.

Reprinted by permission from Zdrale, *Pupil Services Administration: An Educational Perspective*, pp. 19-20.

Including school board members on committees affecting pupil services can also be an effective way of keeping board members informed. Frequently other committee members will communicate with board members and can be effective allies for pupil services. Conversely, pupil services staff members often share information about pupil services by serving on committees concerned with broader education issues and presenting information at board meetings. Some pupil services directors encourage individual board members to "adopt" a particular program area to learn more about the program and the district's needs for students.

Exchanges of information with board members should be guided by consideration of the program area in question and confidentiality issues. For example, specific information concerning pupil services programs and how they are organized is appropriate for discussion with board members. But requests for specific information concerning programs administered by others should be referred to the appropriate administrator.

In general, confidential information contained in individual pupil records would not be discussed with board members. Typically this is not requested, but it may arise if a board member is unfamiliar with sec. 118.125, Wis. Stats., and the Federal Family Educational Rights Privacy Act, revised in 1982.

School board members are volunteering their time out of civic responsibility and a genuine interest in the education of children. Board members primarily need accurate and current information about governing schools to meet the needs of all the students the district is responsible for. In its philosophy statement, the National School Boards Association (Cole, 1992) identifies a four-part leadership role for boards to follow to promote excellence and equity in education. The four components are:

Vision. The board, with participation by the community, envisions the community's education future and then formulates the goals, defines the outcomes, and sets the course for its schools.

Structure. The board establishes a structure and creates an environment that ensures all students the opportunity to attain their maximum potential. For the benefit of children and the community, the board also collaborates with other community organizations, families, and public and private agencies.

Accountability. The board continuously assesses all conditions affecting education. It monitors student achievement, puts new programs into effect, informs the community about school programs and student progress, and provides training for the staff and the board.

Advocacy. The board is the community's key advocate for students and their schools, encouraging progress, energizing change, and dealing with children as "whole persons in a diversified society."

Board presidents, district administrators, and principals surveyed by educator Charles Anderson (1991) said effective school board members

- are able to distinguish between policy-making and administration,
- are willing to ensure the superintendent of opportunities to recommend action on policy matters,
- insist on policies that are sensitive to broad public needs,
- are willing to avoid making decisions on the basis of single-issue pressures,
- are concerned that schools be free of prejudice and discrimination,
- insist that objective criteria and open and objective procedures be used when hiring new employees,
- are willing to channel to administrators complaints from special interest groups,
- recognize administrators' expertise on curriculum issues,
- support long-range planning for facility and maintenance needs,
- are sensitive about conserving energy,
- are concerned about the appearance of school buildings and grounds,
- insist on a clearly defined decision-making process that involves the public,
- observe appropriate decorum in the board room and show respect for other board members, and
- support innovation and excellence in schools, putting student educational needs ahead of personal and political gain.

The least effective board members, they said

- do not seek knowledge of state and federal laws,
- do not distinguish between policy-making and administration,
- display inconsistency in implementing policy,
- allow policies to impede effective educational practice,
- do not insist on compensation plans that draw and retain high quality employees,

- allow selection of employees without objective criteria,
- do not provide for the empowerment of administrators,
- do not channel to administrators complaints from special interest groups,
- show a lack of support for annual budgets that are adequate to fund an excellent education,
- engage in inappropriate line-item scrutiny when reviewing school budgets, and
- do not respect the opinions of other board members.

Survey respondents said school boards could improve their effectiveness by

- clarifying policy and administrative responsibilities,
- requiring inservice training to develop board member skills,
- increasing longevity of service on the board,
- decreasing the influence of special interest groups,
- concentrating on school improvement and student achievement,
- improving communication between the board and administrators,
- improving strategies for involving the community,
- improving trust and respect between the board and administrators,
- improving decision-making strategies at the building level, and
- improving long-range planning.

Anderson's study suggests that sometimes board members have limited knowledge of the district's organization and operational responsibilities as well as little training or experience with the skills board members need. Given this reality, the pupil services director will need to work closely with board members to ensure their informed support.

The director of pupil services must clearly communicate the necessity for pupil services programs; program goals, objectives, and results; and how it all relates to the district's goals and objectives. These responsibilities are similar in nature to that of the building principal, who reports to the board about student achievement, special projects, and school activities.

More information about school boards and how they operate is available from the Wisconsin Association of School Boards and the National School Boards Association. Board members rely heavily on those associations for direction and guidance in fulfilling their responsibilities.

Parent Involvement

Pupil services directors ensure that pupil services providers inform parents or legal guardians about developments concerning their children and involve them in all decisions affecting their children. Communicating with parents requires a sensitivity to the content of information being shared. All parents want to hear about their child's progress. Conversations about children should be balanced, including discussion of the child's strengths as well as the difficulties the child is experiencing. Discussions emphasizing only the positive can be just as damaging as those emphasizing only the negative because they may lead parents to believe that no problem exists.

All parents within the district need to understand the mission and goals of the pupil services team and how the team's mission and goals relate to the mission and goals of the district. The director encourages pupil services providers to use the valuable resource of parents and to get parent's input by involving them in projects, committees, and activities. The parents' role in such activities is advisory and supportive. Advice about setting up parent advisory committees can be found in *School Improvement Councils: A Guide to Effectiveness*, by Barbara J. Hanson.

Parents who cannot participate still need to be informed. News of activities and upcoming projects or meetings can be communicated by newsletters and newspaper articles. When few parents participate, however, the district may want to survey parents about their interests and schedules. Too often an activity planned for parents is of little interest to them or is held at a time that is convenient for the school but inconvenient or impossible for the parent.

The director

- includes parents in inservice activities where the need or desire for information is appropriate, and
- surveys parents and other community members regularly to determine their perceptions regarding the various services provided by staff members supervised by the director.

Pupil services directors and providers have extensive background and formal training in working with parents and caregivers regarding sensitive matters. As such, they are an invaluable resource in helping other school personnel adapt to the needs of parents and communicate effectively with all parents or caregivers.

Additionally, the pupil services director collaborates with community agencies and organizations to meet the needs of children and families. The director's collaborative relationship with service providers in such areas as health, law enforcement, and social services is critical when children or their families need additional support or non-educational services.

References

Anderson, Charles. "What Makes An Effective School Board Member?" *Wisconsin School News* 46.8 (Dec. 1991), pp. 16-18.

Cole, Ken. "Viewpoint." *Wisconsin School News* 47.1 (May 1992), p. 3.

Hanson, Barbara J. *School Improvement Councils: A Guide to Effectiveness*. Columbia, SC: University of South Carolina, 1989.

Hummel, Dean L. and Charles W. Humes. *Pupil Services: Development, Coordination, Administration*. New York: Macmillan, 1984.

Irvin, Mari, and David Whiteside. *Administration of Pupil Personnel Services: Pupil Personnel Services, Recommended Practices and Procedures Manual*. Springfield, IL: Illinois State Board of Education, 1983.

Sparks, Dennis, and Sally Vaughn. "What Every School Board Should Know About Staff Development." *Wisconsin School News* 46.5 (Sept. 1991), p. 25.

Watson, Toy F. *Pupil Services: The Team Approach*. Presented at the Annual Meeting of the National Association of Social Workers. New Orleans, LA: Jan. 31, 1985.

Zdrale, Jeff. *Pupil Services Administration: An Educational Perspective*. Brookline Village, MA: National Association of Pupil Services Administrators, 1992.

Appendixes 5

A. *Resources*
B. *Wisconsin Federation of Pupil Services Position Paper*
C. *Wisconsin's Educational Goals*
D. *The National Education Goals*
E. *Chapter PI 3, Wisconsin Administrative Code: Licenses*
F. *Chapter PI 4, Wisconsin Administrative Code: Teacher Education Program Approval.*
G. *American Nurses' Association Code for Nurses With Interpretive Statements*
H. *American School Counselor Association Ethical Standards*
I. *National Association of School Psychologists: Principles for Professional Ethics*
J. *National Association of Social Workers: Standards for School Social Work Services*
K. *State and National Pupil Services Associations*
L. *Training Programs in Wisconsin*

Appendix A

Resources

Publications

American Academy of Pediatrics. *School Health: Policy and Practice*, 5th ed. Evanston, IL: 1993.

American Federation of Teachers. *The Medically Fragile Child In The School Setting.* Item #451. Washington, DC: AFL-CIO, 1992.

Arthur, Gibbs L., and Carl D. Swanson. *Confidentiality and Privileged Communication,* Vol 6. Alexandria, VA: American Counseling Association, 1993.

Barona, Andres, and Eugene E. Garcia, eds. *Children at Risk: Poverty, Minority Status and Other Issues in Education Equity.* Silverspring, MD: National Association of School Psychologists, 1990.

Bennis, Warren. *On Becoming a Leader.* Reading, MA: Addison-Wesley, 1989.

Burgess, David G., and Rebecca M. Dedmond. *Quality Leadership and the Professional School Counselor.* Alexandria, VA: American Counseling Association, 1994.

Canfield, Jack, and Harold C. Wells. *100 Ways to Enhance Self-Concept in the Classroom.* Englewood Cliffs, NJ: Prentice-Hall, Inc., 1976.

Cohen, Steven. *Total Quality Management in Government: A Practical Guide for the Real World.* San Francisco: Jossey-Bass, 1993.

Collaboration: Because It's Good for Children and Families. Available from CESA 5: (608) 742-8811.

Cortese, Peter, and Kathleen Middleton, eds. *The Comprehensive School Health Challenge: Promoting Health Through Education.*, Vol. 2. Santa Cruz, CA: ETR Associates, 1994.

Cotton, John L. *Employee Involvement: Methods for Improving Performance and Work Attitudes.* Newbury Park, CA: Sage Publications, 1993.

Creating Sound Minds and Bodies: Health and Education Working Together. Washington, D.C.: National Health and Education Consortium, 1992.

Dryfous, J. G. *Full Service Schools: A Revolution in Health and Social Services for Children, Youth, and Families.* San Francisco: Jossey-Bass Publishers, 1994.

Fischer, Louis, and Gail Paulus Sorenson. *School Law for Counselors, Psychologists, and Social Workers.* 2nd ed. White Plains, NY: Longman, 1991.

Freeman, E. M., and Marianne Pennekamp. *Social Work Practice: Toward a Child, Family, School, Community Practice.* Springfield, IL: Charles C. Thomas, Publisher, 1988.

Friend, Marilyn, and Lynne Cook. *Interactions: Collaboration Skills for School Professionals.* New York, NY: Longman Publishing Group, 1992.

Gans, Janet E. *Policy Compendium On Confidential Health Services for Adolescents.* Chicago, IL: Department of Adolescent Health, American Medical Association, 1993.

Garfield, Charles. *Second to None: How Our Smartest Companies Put People First.* Homewood, IL: Business One Irwin, 1992.

Garnett, James L. *Communicating for Results in Government: A Strategic Approach for Public Managers.* San Francisco: Jossey-Bass, 1992.

Gibelman, Margaret. "School Social Workers, Counselors, and Psychologists in Collaboration: A Shared Agenda." *Social Work in Education*, 15.1, (Jan. 1993), pp. 45-52.

Goetz, Kathryn, ed. *Programs to Strengthen Families: A Resource Guide*, 3rd ed., Chicago, IL: The Family Resource Coalition, 1992.

Goldstein, William, and Joseph C. DeVita. *Successful School Communications: A Manual and Guide for Administrators.* West Nyack, NY: Parker Publishing Company, Inc., 1977.

Goodman, Paul S. *Designing Effective Workgroups.* San Francisco: Jossey-Bass, 1986.

Gore, Albert. *From Red Tape to Results—Creating a Government That Works Better and Costs Less.* New York: Plume, 1993.

Graden, Janet L., Joseph E. Zins, and Michael J. Curtis. *Alternative Educational Delivery Systems: Enhancing Instructional Options for All Students.* Washington, DC: The National Association of School Psychologists, 1988.

Gutkin, Terry B., and Cecil R. Reynolds. *The Handbook of School Psychology*, 2nd ed. New York, NY: John Wiley & Sons, Inc., 1990.

Gysbers, Norman C., and Patricia Henderson. *Developing and Managing Your School Guidance Program.* 2nd ed. Alexandria, VA: American Counseling Association, 1994.

Hackman, J. Richard, and Greg R. Oldham. *Work Redesign.* Reading, MA: Addisson-Wesley, 1980.

Harper, B., and Anne Harper. *Skill-Building for Self-Directed Team Members: A Complete Course.* New York: MW Corporation, 1992.

_____. *Succeeding as a Self-Directed Work Team.* New York: MW Corporation, 1993.

Harrington-Mackin, Deborah. *The Team Building Tool Kit.* New York: American Management Association, 1994.

Hartman, Ann, and Joan Laind. *Family-Centered Social Work Practice.* New York: Free Press, 1983.

Hendrix, Harville. *Getting The Love You Want.* New York: Harper Perennial, 1988.

Hess, Karen, ed. *Creating the High Performance Team.* New York: John Wiley & Sons, 1987.

Hodgkinson, Harold L. *The Same Client: The Demographics of Education and Service Delivery Systems.* Washington, DC: Institute for Educational Leadership, Inc., Center for Demographic Policy, 1989.

Hopkins, Bruce R., and Barbara Anderson. *The Counselor and the Law.* 3rd ed. Alexandria, VA: American Counseling Association, 1990.

Igoe, Judith B., and Beverly P. Giordano. *Expanding School Health Services to Serve Families in the 21st Century.* Washington, DC: American Nurse Publishing, 1992.

Jacob, Susan, and Tim Hartshorne. *Ethics and Law for School Psychologists.* Brandon, VT: Clinical Psychology Publishing Co., Inc., 1991.

Kapes, Jerome T., and Marjorie Moran Mastie. *A Counselor's Guide to Career Assessment Instruments.* 2nd ed. Alexandria, VA: American Counseling Association, 1988.

Kelley, Robert E. *The Power of Fellowship: How to Create Leaders People Want to Follow and Followers Who Lead Themselves.* New York: Doubleday Currency, 1992.

Kelly, Mark. *The Adventures of a Self-Managing Team.* San Diego: Pfeiffer and Company, 1991.

Kerr, Dianne L., Diane D. Allensworth, and Jacob A. Gayle. *School-Based HIV Prevention: A Multidisciplinary Approach.* Kent, OH: American School Health Assn., 1991.

Kinlaw, Dennis C. *Developing Superior Work Teams: Building Quality and the Competitive Edge.* Lexington, MA: Lexington Books, 1991.

Knox, Warren B. "Dahk." *Upper Leadership Management: The Transitional Process.* San Diego: Ican Press, 1993.

Kohn, Alfie. *Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, Praise, and Other Bribes.* New York: Houghton Mifflin, 1993.

Larson, Carl E., and Frank M.J. LaFasto. *Teamwork: What Must Go Right / What Can Go Wrong.* Newbury Park, CA: Sage Publications, 1989.

Lawler, Edward E. *High Involvement Management.* San Francisco: Jossey-Bass, Inc., 1986.

Lee, Courtland C., and Bernard L. Richardson. *Multicultural Issues in Counseling: New Approaches to Diversity.* Alexandria, VA: American Counseling Association, 1991.

Likert, Rensis. *New Patterns of Management.* New York: McGraw-Hill, 1961.

Lundin, William, and Kathleen Lundin. *The Healing Manager: How to Build Quality Relationships and Productive Cultures at Work.* San Francisco: Berrett-Koehler Publishers, 1993.

Lynch, Annette. *Redesigning School Health Services.* New York: Human Services, 1983.

Lynch, Richard. *LEAD! How Public and Nonprofit Managers Can Bring Out the Best in Themselves and Their Organizations.* San Francisco: Jossey-Bass, 1993.

McDaniels, Carl, and Norman C. Gysbers. *Counseling for Career Development: Theories, Resources, and Practice.* Alexandria, VA: American Counseling Association, 1992.

Mellander, Klas. *The Power of Learning: Fostering Employee Growth.* Homewood, IL: Business One Irwin, 1993.

Meyers, Joel, Richard D. Parsons, and Roy Martin. *Mental Health Consultation in the Schools.* San Francisco: Jossey-Bass Inc., 1979.

Myrick, Robert. *Developmental Guidance and Counseling: A Practical Approach.* 2nd ed. Minneapolis, MN: Education Media Corporation, 1993.

National Association of Pupil Services Administrators. *Supervision Issues in Pupil Services Administration.* Fairfax, VA: National Association of Pupil Services Administrators, 1993.

National Association of School Nurses, Inc. *School Nursing Practice: Roles and Standards.* Scarborough, ME: National Association of School Nurses, Inc., 1993.

National Association of School Psychologists. *Helping Children Grow Up In The '90s: A Resource Book for Parents and Teachers.* Silver Spring, MD: National Association of School Psychologists, 1992.

Nora, John J., C. Raymond Rogers, and Robert J. Stramy. *Transforming the Workplace.* Princeton, NJ: Princeton Research Press, 1986.

Norris, Tyler, et. al. Lampe, David, ed. *The Health Communities Handbook.* Denver, CO: The National Civic League, 1993.

Paisley, Pamela O., and Glenda T. Hubbard. *Developmental School Counseling Programs: From Theory to Practice.* Alexandria, VA: American Counseling Association, 1994.

Pennekamp, Marianne. "Toward School-Linked and School-Based Human Services for Children and Families." *Social Work in Education*, 14.2 (April 1992), pp. 125-130.

Peters, Tom. *Thriving on Chaos: Handbook for a Management Revolution.* New York: Alfred A. Knopf, 1987.

Pritchett, Price. *Service Excellence!* Dallas, TX: Pritchett Publishing Company, 1989.

_____. *The Ethics of Excellence.* Dallas, TX: Pritchett Publishing Company, 1991.

_____. *The Quantum Leap Strategy.* Dallas, TX: Pritchett Publishing Company, 1991.

_____. *The Team Member Handbook for Teamwork.* Dallas, TX: Pritchett Publishing Company, 1992.

Pritchett, Price, and Ron Pound. *Business as Unusual: The Handbook for Managing and Supervising Organizational Change.* Dallas, TX: Pritchett Publishing Company, 1988.

_____. *High-Velocity Culture Change: A Handbook for Managers.* Dallas, TX: Pritchett Publishing Company, 1993.

_____. *Team ReConstruction: Building a High Performance Work Group During Change.* Dallas, TX: Pritchett Publishing Company, 1992.

_____. *The Employee Handbook for Organizational Change.* Dallas, TX: Pritchett Publishing Company, 1990.

Scholtes, Peter R. *The Team Handbook.* Madison: Joiner Associates, 1993.

Schonberger, Richard J. *World Class Manufacturing Casebook: Implementing JIT and TQC.* New York: The Free Press, 1987.

Southeastern Regional Vision for Education. *Hot Topics: Usable Research, Interagency Collaboration: Improving the Delivery of Services to Children and Families.* Palatka, FL: 1993.

Sher, Barbara, and Annie Gottlieb. *Teamworks! Building Support Groups That Guarantee Success.* New York: Warner Books, 1989.

Soler, Mark I., Alice C. Shotton, and James R. Bell. *Confidentiality and Collaboration: Information Sharing in Interagency Efforts.* Denver: Education Commission of the States, 1993.

_____. *Glass Walls: Confidentiality Provisions and Interagency Collaborations.* San Francisco: Youth Law Center, 1993.

Sprick, Randall, Marilyn Sprick, and Mickey Garrison. *Interventions: Collaborative Planning for Students At Risk.* Longmont, CO: Sopris West, 1993.

Standards of School Nursing Practice. Kansas City, MO: American Nurses Association, 1983.

Thomas, Alex, and Jeff Grimes. *Best Practices in School Psychology-II.* Washington, DC: The National Association of School Psychologists, 1990.

Tjosvold, Dean, and Mary M. Tjosvold. *The Emerging Leader: Ways to a Stronger Team.* New York: Lexington Books, 1993.

Turnbull, H. Rutherford III. *Free Appropriate Public Education: The Law and Children with Disabilities.* 3rd ed. Denver, CO: Love Publishing Company, 1990.

U.S. Department of Education, U.S. Department of Health and Human Services. *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services.* Washington, DC: 1993.

Unger, Donald G., and Douglas R. Powell, eds. *Families as Nurturing Systems: Support Across the Life Span.* New York: Haworth Press, 1991.

von Oech, Roger. *A Whack on the Side of the Head.* New York: Warner Books, 1983.

Wasik, Barbara, et al. *Home Visiting: Procedures for Helping Families.* Newbury Park, CA: Sage Publications, 1990.

Waterman, Robert H. *The Renewal Factor.* New York: Bantam Books, 1988.

Weisbord, Marvin R. *Productive Workplaces: Organizing & Managing for Dignity, Meaning & Community.* San Francisco: Jossey-Bass, 1987.

Wellins, Richard S., William C. Byham, and Jeanne M. Wilson. *Empowered Teams: Creating Self-Directed Work Groups That Improve Quality, Productivity, and Participation.* San Francisco: Jossey-Bass Publishers, 1991.

Wellman, Donald A. *The Making of a Manager: How to Get a Management Job and Keep It!* Bradenton, FL: McGuinn & McGuire, 1993.

Wisconsin Clearinghouse. *101 Support Group Activities for Teenagers Affected by Someone Else's Alcohol/Drug Use.* Madison, WI: Wisconsin Clearinghouse, No. 391. 1-800-322-1468.

_____. *101 Support Group Activities for Teenagers at Risk for Chemical Dependence.* Madison, WI: Wisconsin Clearinghouse, No. 392.

_____. *101 Support Group Activities for Teenagers Recovering from Chemical Dependence.* Madison, WI: Wisconsin Clearinghouse, No. 393.

_____. *Alcohol, Other Drug Abuse, Child Abuse and Neglect.* Madison, WI: Wisconsin Clearinghouse, No. 282

_____. *An Introduction to Resiliency.* Madison, WI: Wisconsin Clearinghouse, No. 458.

_____. *Anger Management and Violence Prevention: A Group Activity Manual for Middle and High School Students.* Madison, WI: Wisconsin Clearinghouse, No. 432.

_____. *Anger: Handle It Before It Handles You.* Madison, WI: Wisconsin Clearinghouse, No. 457.

_____. *Choices for the Future: Alcohol and Pregnancy.* Madison, WI: Wisconsin Clearinghouse, No. 126.

_____. *Conflict: Think About It. Talk About It. Try to Work It Out.* Madison, WI: Wisconsin Clearinghouse, No. 455.

_____. *Delinquents and Drugs: What the Evidence Suggests About Prevention and Treatment Programming.* Madison, WI: Wisconsin Clearinghouse, No. 280.

_____. *Evaluation Tools for Student Assistance Programs.* Madison, WI: Wisconsin Clearinghouse, No. 360.

_____. *Family Times.* Madison, WI: Wisconsin Clearinghouse, No. 189.

_____. *Health Style: A Self-Test.* Madison, WI: Wisconsin Clearinghouse, No. 215.

_____. *HIV: What You Need to Know.* Madison, WI: Wisconsin Clearinghouse, No. 431.

_____. *How To Control Your Anger: A Guide for Teenagers.* Madison, WI: Wisconsin Clearinghouse, No. 433.

_____. *How to Get Unstressed: The Bare Facts.* Madison, WI: Wisconsin Clearinghouse, No. 175.

_____. *Intervention: How to Help Someone Who Doesn't Want Help.* Madison, WI: Wisconsin Clearinghouse, No. 154.

_____. *Mentoring High-Risk Kids.* Madison, WI: Wisconsin Clearinghouse, No. 468.

_____. *On the Curb... Street Kids, Dropping Out, Parent-Child Communications.* Madison, WI: Wisconsin Clearinghouse, No. 453.

_____. *Parenting Styles of Substance Abusers.* Madison, WI: Wisconsin Clearinghouse, No. 283.

_____. *Peer Helper Training Manual.* Madison, WI: Wisconsin Clearinghouse, No. 124.

_____. *Peer Support Teacher's Resource.* Madison, WI: Wisconsin Clearinghouse, No. 397.

_____. *Peer Support: Designing Interpersonal Skills—A Training Plan.* Madison, WI: Wisconsin Clearinghouse, No. 398.

_____. *Resilience Among High Risk Youth.* Madison, WI: Wisconsin Clearinghouse, No. 281.

_____. *School Failure and Alcohol and Other Drug Use.* Madison, WI: Wisconsin Clearinghouse, No. 284.

_____. *Sex, Drugs, and AIDS in the '90s.* Madison, WI: Wisconsin Clearinghouse, No. 430.

_____. *Talk With Teens About Self and Stress: 50 Guided Discussions for School and Counseling Groups.* Madison, WI: Wisconsin Clearinghouse, No. 435.

_____. *Tough Cries... Fighting, Violence and Peer Pressure.* Madison, WI: Wisconsin Clearinghouse, No. 454.

_____. *Turning Points: A Resource Guide on Teenagers, Alcohol, Other Drugs and Pregnancy.* Madison, WI: Wisconsin Clearinghouse, No. TP1.

_____. *What You Can Do: A Hands-On Guide to Building Alliances for the Prevention of Alcohol and Other Drug Abuse.* Madison, WI: Wisconsin Clearinghouse, No. 190.

_____. *Who Am I? A Drug Prevention and Cultural Awareness Activity Workbook for Children 5-12.* Madison, WI: Wisconsin Clearinghouse, No. 416.

_____. *Why Kids Join Gangs.* Madison, WI: Wisconsin Clearinghouse, No. 457.

_____. *Working With Hostile Teens.* Madison, WI: Wisconsin Clearinghouse, No. 438.

_____. *Working With Resistant Teens.* Madison, WI: Wisconsin Clearinghouse, No. 439.

_____. *Working with African Americans: A Professional's Guidebook.* Madison, WI: Wisconsin Clearinghouse, No. 215.

_____. *Youth Involvement: Developing Leaders and Strengthening Communities.* Madison, WI: Wisconsin Clearinghouse, No. 301.

Wisconsin Department of Public Instruction. *A Guide to Curriculum Planning in Arts for EEN Students.* Bulletin No. 0410. Madison, WI: DPI, 1990. 1-800-243-8782.

_____. *A Guide to Curriculum Planning for Visually Impaired Students.* Bulletin No. 1540. Madison, WI: DPI, 1991.

_____. *A Guide to Curriculum Planning in Health Education.* Bulletin No. 6102. Madison, WI: DPI, 1986.

_____. *A Guide to Middle School Curriculum Planning in Exploring Life's Work.* Bulletin No. 2080. Madison, WI: DPI, 1991.

_____. *A Programming Guide for Emotional Disturbance.* Bulletin No. 4324. Madison, WI: DPI, 1994.

_____. *Alcohol and Other Drug Abuse Programs: A Resource and Planning Guide.* Bulletin No. 91387. Madison, WI: DPI, 1991.

_____. *An Invitation to Play.* Bulletin No. 7295. Madison, WI: DPI, 1986.

_____. *Assistant Child Care Teacher: A Teacher's Guide.* Bulletin No. 1265. Madison, WI: DPI, 1991.

_____. *Child Abuse and Neglect Prevention: A Resource and Planning Guide.* Bulletin No. 94055. Madison, WI: DPI, 1993.

_____. *Children At Risk: A Resource and Planning Guide.* Bulletin No. 1065. Madison, WI: DPI, 1990.

_____. *Classroom Activities in Employability Skills for Education for Employment.* Bulletin No. 9479. Madison, WI: DPI, 1989.

_____. *Classroom Activities in Nutrition in Teenage Pregnancy.* Bulletin No. 1140. Madison, WI: DPI, 1990.

_____. *Classroom Activities in Sex Equity for Developmental Guidance.* Bulletin No. 9204. Madison, WI: DPI, 1988.

_____. *Creating an Environment for Learning Disabilities: A Resource and Planning Guide.* Bulletin No. 5053. Madison, WI: DPI, 1994.

_____. *Designated Vocational Instruction: A Resource and Planning Guide.* Bulletin No. 3376. Madison, WI: DPI, 1993.

_____. *Education for Employment: A Resource and Planning Guide.* No. Bulletin 9160. Madison, WI: DPI, 1988.

_____. *Educational Assessment of Emotional Disturbance: An Evaluation Guide.* Bulletin No. 0452. Madison, WI: DPI, 1990.

_____. *Familiy / Community Involvement.* Bulletin No. 4917. Madison, Wisconsin: DPI, 1987-92.

_____. *Gifted and Talented Students: A Step-by-Step Approach to Programming.* Bulletin No. 8180. Madison, WI: DPI, 1987.

_____. *Increasing Options Through Life / Work Planning.* Bulletin No. 0502. Madison, WI: DPI, 1990.

_____. *Instruction About AIDS.* Bulletin No. 8248. Madison WI: DPI, 1988.

_____. *Language Sample Analysis.* Bulletin No. 2424. Madison, WI: DPI, 1993.

_____. *Multicultural Literature for Children and Young Adults.* Bulletin No. 1923. Madison, WI: DPI, 1991.

_____. *Pupil Nondiscrimination Guidelines.* Bulletin No. 4050. Madison, WI: DPI, 1993.

_____. *School Counseling Programs: A Resource and Planning Guide.* Bulletin No. 6520. Madison, WI: DPI, 1986.

_____. *School Improvement: A Resource and Planning Guide.* Bulletin No. 8448. Madison, WI: DPI, 1988.

_____. *School Psychology in Wisconsin: Programs and Practices.* Bulletin No. 9220. Madison, WI: DPI, 1988.

_____. *School Social Work: A Resource and Planning Guide.* Bulletin No. 1464. Madison, WI: DPI, 1991.

_____. *Strategic Learning in the Content Areas.* Bulletin No. 9310. Madison, WI: DPI, 1993.

_____. *Suicide Prevention: A Resource and Planning Guide.* Bulletin No. 6517. Madison, WI: DPI, 1986.

_____. *The EEN Triangle of Support: A Guide for Parents.* Bulletin No. 8143. Madison, WI: DPI, 1993.

_____. *Waukesha Delivery Model: Providing Occupational Therapy / Physical Therapy Services for Special Needs Students.* Bulletin No. 7339. Madison, WI: DPI, 1987.

_____. *Wisconsin School Performance Report, 1992-93.* Bulletin No. 4272. Madison, WI: DPI, 1994.

_____. *Wisconsin Youth Risk Behavior Survey: Executive Summary and Report.* Bulletin No. 94305. Madison, WI: DPI, 1994.

Wood County SOS Committee. *Study on Suicide: A Training Manual for Suicide Prevention and Intervention and Suicide Survivor Support.* Bronxville, NY: Mental Health Materials Center, 1990.

Woodward, Harry, and Steve Buchholz. *Aftershock: Helping People Through Corporate Change.* New York: John Wiley & Sons, Inc., 1987.

Videos

Best Friends: Substance Abuse, Peers and Prevention. Videocassette. Wisconsin Clearinghouse, No. 387. 25 min.

Breaking the Chain: Relationship Violence and Anger Management. Videocassette. Wisconsin Clearinghouse, No. 390. 27 min.

Class Act: Dropout Prevention. Videocassette. Wisconsin Clearinghouse, No. 385. 25 min.

Helping Kids Prevent Violence: Skillbuilding for Anger Management and Conflict Resolution. Videocassette. Wisconsin Clearinghouse. No. 457.

Making Meetings Work: A Five-Step Plan. Videocassette. Encyclopedia Britannica Educational Corporation, 1985. 18 min.

Managers With Impact: Versatile And Inconsistent. Videocassette. MTI Film & Video, 1986. 32 min.

Not Just Anybody: Dating Pressure and Violence. Videocassette. Wisconsin Clearinghouse, No.389. 23 min.

Take Charge: Project Leadership. Videocassette. Encyclopedia Britannica Educational Corporation, 1989. 16 min.

Team-Building: Making the Task the Boss. Videocassette with guide. McGraw-Hill Films,1983. 18 min.

The Leader: Encouraging Team Creativity. Videocassette. Encyclopedia Britannica Educational Corporation, 1988. 23 min.

Through the Hoop: Corporate Teambuilding. Videocassette. Encyclopedia Britannica Educational Corporation, 1989. 20 min.

Working It Out: Conflict Resolution Through Peer Mediation. Videocassette. Wisconsin Clearinghouse, No. 384. 23 min.

Appendix B

Wisconsin Federation of Pupil Services Position Paper

Reprinted with permission of the Wisconsin Federation of Pupil Services

The following position statement was adopted by the Wisconsin Federation of Pupil Services in January 1991. The Federation consists of the professional associations of the Council of Administrators of Special Services, School Counselors Association, School Nurses of Wisconsin, School Psychologists Association, and School Social Workers Association.

Pupil Services: Essential to Education

The goal of education is to prepare young people to become literate and motivated workers, caring family members and, responsible citizens. Professionals concerned with education further recognize that—in addition to intellectual challenges—students must overcome personal, social, health, organizational and institutional challenges that could place them at risk of educational failure. Prevention and intervention programs that address these challenges are essential.

Pupil service teams that include professional counselors, school nurses, school psychologists and school social workers are trained in such interventions and in removing barriers to learning. These professionals are partners with other educators, parents, and the community in accomplishing this objective and in providing optimum teaching and learning conditions for all students in a total education program.

The value of pupil services has long been recognized by federal, state and local governments. In 1988, the pupil services team concept was again School Improvement Amendments of 1988 (PL 100-297). The Wisconsin Department of Public Instruction established a Bureau for Pupil Services. The Bureau recognizes school counselors, school nurses, school psychologists and school social workers as those professionals providing these services.

Clearly, pupil services are most effectively delivered through the team approach. The complex needs of students demand the comprehensiveness implied by uniting the skills of trained professionals. Through teamwork, school psychologists, school social workers, school counselors and school nurses, with other professionals, work together to provide coordinated services for students and their families. The pupil service team approach is based on the following concepts:

- Pupil services programs should be developed from identified needs of students, parents, and administrators.
- All pupil services are related and must be coordinated for optimum effectiveness.
- Pupil services demand developmental, preventive, and remedial emphases, thus requiring the contributions of all pupil service disciplines.
- Pupil services facilitate effective linkages between the school community and external community resources.
- Program evaluation is critical to pupil services teamwork.
- The teamwork required for achievement of pupil service objectives mandates trust, open communication, mutual respect, ongoing collaboration, and effective coordination.

We believe that this team approach for pupil services will establish a model for local initiatives. Such initiatives would be designed to provide vital services to all young people in our schools. Our purpose is to support the efforts of counselors, psychologists, social workers, and nurses in providing a coordinated delivery system to service the school-aged youth of Wisconsin.

Through this statement, the Wisconsin Federation of Pupil Services Association reaffirms the pupil services team approach as integral to the education process. We further signify our commitment to continue collaborative efforts.

WISCONSIN'S EDUCATIONAL GOALS

VISION

Wisconsin's public schools exist for all students so they have an equal opportunity to attain their highest level of academic achievement, growth, and development.

Public education is a fundamental responsibility of the state. The constitution vests in the state superintendent the supervision of public instruction and directs the legislature to provide for the establishment of district schools. The effective operation of the public schools is dependent upon a common understanding of what public schools should be and do. Establishing such goals is a necessary and proper complement to the state's financial contribution to education. Each school board should provide curriculum, course requirements, and instruction consistent with the goals established. Parents and guardians of pupils enrolled in the school district share with the state and school board the responsibility for pupils meeting the goals.

Educational goals are not all the same. They differ in who implements them, who or what is directly affected by them, and the immediacy of their impact on the classroom. For convenience, the following goals are divided into three major categories: Learner Goals, Institutional Support Goals, and Societal Support Goals.

LEARNER GOALS

Learner goals refer to our expectations for students. What should students know and be able to do as a result of their time in the educational system? These goals apply to the students rather than the society or the institutions within which they are educated.

Schools exist for students to learn and to reach their full potential. The first three learner goals are the basis for development of a statewide assessment system and provide the basis upon which students achieve the other learner goals.

THE LEARNER WILL:

1. Build a substantial knowledge base.

Students will build a solid knowledge base developed from challenging subject matter in computer/information technology, environmental education, fine and performing arts, foreign language, health, language arts, mathematics, physical education, reading, science, social studies, and vocational education.

2. Develop thinking and communication processes.

Students will develop a command of thinking processes (analysis, creative thinking, problem solving, decision making, visualizing, concept development) that permit them to interpret and apply the knowledge base. Communication processes (listening, speaking, reading, writing, viewing, image making, and other symbolizing) enable them to communicate thoughts with others.

3. Apply knowledge and processes.

Students will build upon knowledge and apply learning processes to create new ideas and understandings, enhance human relations, expand awareness, and enrich human experiences.

4. Acquire the capacity and motivation for lifelong learning.

Students will develop their natural curiosity to acquire habits of inquiry and a love for learning which will motivate them to continue learning throughout their lives.

5. Develop physical and emotional wellness.

Students will acquire the attitudes, knowledge, and habits to grow physically and emotionally healthy, develop self-esteem and confidence, and exhibit a healthy lifestyle.

6. Develop character.

Students will exhibit personal characteristics, such as compassion, conviction, curiosity, ethics, integrity, motivation, and responsibility.

7. Be a responsible citizen.

Students will possess and exercise the knowledge and processes necessary for full participation in the family, civic, economic, and cultural life of a complex interdependent, global society. Students will acquire an understanding of the basic workings of all levels of government, including the duties and responsibilities of citizenship. Students will make a commitment to the basic values of our government, including reverence and respect for and the history and meaning of the U.S. flag, the Declaration of Independence, the U.S. constitution and the constitution and laws of this state, and acquire a knowledge of state, national, and world history.

8. Be prepared for productive work.

Students will acquire knowledge, capabilities, and attitudes necessary to make them contributing members of a dynamic national and world economy and prepare them for the transition from school to work.

9. Respect cultural diversity and pluralism.

Students will demonstrate the knowledge and attitudes necessary to understand and respect individual and multicultural diversity and to work cooperatively with all people.

10. Develop aesthetic awareness.

Students will become aware of and be able to generate those forms of experience that have artistic and aesthetic meaning.

INSTITUTIONAL SUPPORT GOALS

Institutional support goals have to do with the learning context and environment and are the means that support the achievement of learner goals. They include such things as adequate buildings, adequately prepared teachers, reasonable teacher planning time, and appropriate materials. Many of these factors have a direct impact on the classroom and the students. Institutional support goals deal with conditions that are within the control of the school district through its school boards and administrators, assuming that society has provided the necessary resources. If a goal affects the learning environment and is attainable without action by entities outside the local school district, it is called an institutional support goal.

To accomplish these goals and provide appropriate instruction, adequate resources, time, staff development, funding, technology, and facilities must be available. A governance model that encourages local decision making might better ensure that all parties play a role in deciding the allocation of resources.

INSTITUTIONS WILL:

1. Focus on academic achievement.

The primary mission of schools will include a focus on academic results to ensure that learning occurs.

2. Set high expectations for students and schools.

School staffs, parents, and community members must set high expectations so that all students will achieve the expected educational results.

3. Address the needs of all students.

Schools will recognize the widely varying circumstances and backgrounds that children bring to school and will design strategies and alternative programs to meet the changing needs and diverse learning styles of students.

4. Establish a climate of respect.

The school atmosphere will ensure that students and staff are treated with respect and dignity so that they respect others and so that students are better able to learn.

5. Provide a wide range of educational offerings.

Schools will offer a wide range of curricular and co-curricular activities so that students will have additional opportunities to learn teamwork, cooperation, and the application of learning.

6. Provide an active learning environment.

Schools will provide an environment in which students are actively engaged in learning that connects curriculum, instruction, and assessment.

7. Provide a positive physical setting for learning.

Schools will provide safe and stimulating environments conducive to active learning.

8. Meet the needs of professional staff.

Staff will have the resources, preparation, and encouragement to perform successfully. Staff should have adequate time and financial support for professional development, collaboration in course planning, strategy development, and innovation to meet the needs of children.

9. Establish family partnerships.

Schools will create an environment that seeks the active participation of families to maximize learning.

10. Promote collaboration within the school and community.

Schools and school boards will facilitate collaboration between and among all school staff and community members and connect the curriculum and delivery

SOCIETAL SUPPORT GOALS

Societal support goals, like institutional support goals, are the means that support the achievement of learner goals. If met, they ensure that students will have the necessary foundation to learn. They include such things as adequate health care, adequate nutrition, adequate funding for education, and safe, drug-free environments. These goals have significance beyond the educational community. Still, they have a crucial, if indirect, effect on children's learning. If children are not secure, properly nourished, or in good health, they will find it difficult to learn. If a goal requires action by forces outside the school district structure, it is called a societal support goal.

To accomplish these goals, society must make the commitment to invest in a quality education for all children, ensure that schools are staffed by well-prepared and caring personnel, invest its resources and leadership to ensure that children flourish, and provide support for families to provide a nurturing environment for their children.

SOCIETY WILL:

1. Make children its top priority.

Wisconsin will make the education and nurturing of all children its top priority.

2. Provide fair and adequate funding for education.

Society will act to resolve the disparities among school district financial resources needed to ensure that students, regardless of where they live, meet state educational expectations.

3. Provide safe schools, neighborhoods, and communities.

Society will promote drug- and violence-free schools and communities.

4. Ensure that children at all levels are ready to learn.

Society will provide support for parents and families to meet the ongoing nutritional, safety, physical, and emotional health needs of their children. Parents and families will instill in their children the importance of education.

5. Develop partnerships.

Society will develop partnerships between and among educators, students, parents, community, labor, business, industry, other educational institutions, and government agencies to better serve students and families.

6. Provide educational, cultural, and recreational opportunities.

Society will provide educational, cultural, and recreational opportunities that will enhance the quality of life and learning for all citizens.

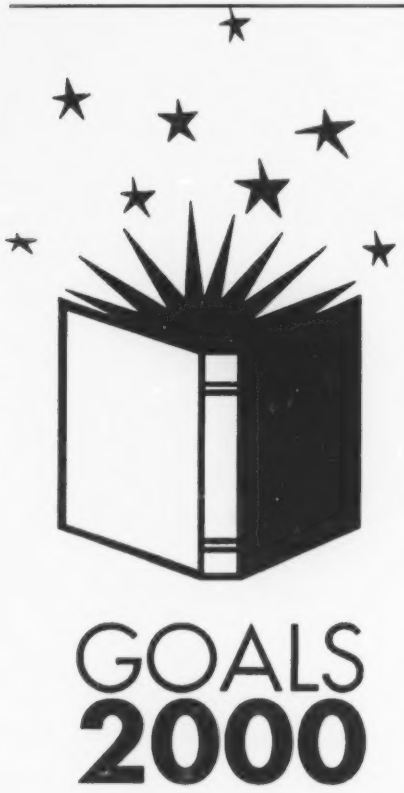
7. Enhance educational equity through information technology.

Society will provide the necessary resources for schools to capitalize on information technologies such as telecommunications and computer networks to extend curriculum by using delivery systems such as distance learning.

8. Support local decision making.

The primary mission of state educational governance will be to support local districts, allow maximum flexibility for local decision making and innovation, and employ reasonable measures of accountability. The primary indicator of district effectiveness shall be academic results.

The National Education Goals



A World-Class Education for Every Child

On March 31, 1994, President Clinton signed Goals 2000: Educate America Act into law. The bill is a comprehensive and innovative program to improve education. It sets into law the National Education Goals, which were expanded to include goals for teacher professional development and parental involvement and participation.

BY THE YEAR 2000:

- All children in America will start school ready to learn.
- The high school graduation rate will increase to at least 90 percent.
- All students will leave grades 4, 8, and 12 having demonstrated competency over challenging subject matter including English, mathematics, science, foreign languages, civics and government, economics, the arts, history, and geography, and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning, and productive employment in our nation's modern economy.
- The nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century.
- United States students will be first in the world in mathematics and science achievement.
- Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.
- Every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning.
- Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

Chapter PI 3, Wisconsin Administrative Code: Licenses

PI 3.48 Pupil Services; general requirements. A license in a pupil services area under ss. PI 3.49 to 3.54 may be issued to an applicant who has completed the general requirements in s. PI 3.05, except student teaching, including the approved programs and institutional endorsement and the specific requirements listed for the pupil services area under ss. PI 3.49 to 3.54.

History: Cr. Register, April, 1988, No. 388, eff. 5-1-88.

PI 3.60 Director of special education and pupil services - 80. (1) A director of special education and pupil services—80 license permits the holder to administer a special education program or a pupil services program, or both. Except as specified in sub. (2), for a regular license under this section the applicant shall meet the following requirements, in addition to the general requirements under s. PI 3.55:

(a) The applicant shall have completed an approved program leading to licensure as a director of special education and pupil services, which includes 12 semester hours of graduate course work including all of the following:

1. Administration and supervision of special education programs.
2. Administration and supervision of pupil services programs.
3. Educational tests and measurements.
4. Practicum or internship in director of special education and pupil services.

(2)(a) Persons who hold a special education supervisor—level A-81 license may be issued a regular license under this section.

(b) Persons who have served as a pupil services director for at least 50% time for at least 5 years prior to July 1, 1991, may be issued a regular license under this section. Persons who have served as pupil services director prior to July 1, 1991, but for less than 5 years, may be issued a one-year license under s. PI 3.55(2), to enable them to complete the requirements of sub. (1). The one-year license may be renewed if the applicant provides documentation of satisfactory progress toward the completion of the requirements of sub. (1).

(c) Persons who have served as a director in a specific pupil services area for at least 50% time for at least 3 years prior to July 1, 1991, may be issued a regular license as a director of that specific area. persons who have served as a director in a specific pupil services area at least 50% time for less than 3 years may be issued a one-year license under s. PI 3.55(2), to enable them to complete the requirements of sub. (1). The one-year license may be renewed if the applicant provides documentation of satisfactory progress toward completion of the requirements of sub (1). A license under this paragraph may only be issued to persons who meet the requirements and apply for the license on or before June 30, 1992.

(d) Until July 1, 1995, persons who hold a special education supervisor—level B-82 license may be issued a regular license under this section upon completion of a level A approved program under s. PI 3.605.

History: Cr. Register, April, 1988, No. 388, eff. 5-1-88; r. and recr. Register, November, 1990, No. 419, eff. 12-1-90.

PI 3.49 School counselor - 966. (1) Effective July 1, 1984, a person holding a regular or life professional school counselor—964 license may continue to serve with this license. A person holding the provisional school counselor—965 license shall meet the school counselor—966 license requirements for continued licensure when his or her current license expires.

(2) A regular license as a school counselor—966 may be issued to an applicant who has completed or possesses the following:

(a) A master's degree with a major in school counseling and guidance or a master's degree with at least 30 semester credits in an approved school counseling and guidance program and the institutional endorsement.

(b) 1. Eligibility for a license to teach or completion of an approved program and 2 years of successful teaching experience at the elementary, middle, or secondary level, or

2. An approved one-year, full-time internship in school counseling at the elementary, middle, or secondary level, or

3. A minimum of 2 years of successful experience as a licensed school counselor in an assigned position of one-half time or more.

(c) Demonstrated proficiency in each of the following areas:

1. Understanding the philosophy, purpose, and structure of the total school enterprise including the organization and administration of public schools and pupil services programs.

2. Understanding the psychological foundations of individual and group behavior, including vocational psychology, the structure of personality, child and adolescent development, and the teaching and learning processes.

3. Understanding cultural and societal conditions which affect pupils' development and learning including ethnicity, special education populations, work values, economic systems, urban and rural lifestyles, cultural mores, health and nutrition problems, changing sex roles, stereotyping, demographics, and parenting.

4. Ability to develop staff relationships for the effective implementation of guidance programs within the total curriculum including the understanding of and ability to engage in consulting, coordinating and communicating functions.

5. Understanding career development theories and practices over the lifespan and the ability to use this knowledge effectively in the school guidance program.

6. Understanding professional issues including pupil rights, the school counselor's relationship to the law, codes of ethics, goals and objectives of professional organizations, standards of preparation and licensing, and role identity of counselors.

7. Understanding child welfare systems such as but not limited to juvenile justice, public health, mental health, developmental disabilities, and county social services; systems which provide services to children identified as juvenile delinquent, mentally ill, developmentally disabled or in need of protection and services.

8. Ability to effectively organize and administer comprehensive school guidance programs including the utilization of community resources and appropriate technology in the program.

9. Ability to generate, analyze, and synthesize data about the behaviors, progress, and needs of pupils individually and within groups.

10. Ability to interpret relevant pupil services research and to implement evaluation procedures necessary for the improvement of school practices related to counseling and guidance.

11. Understanding how to provide counseling and group guidance processes which facilitate pupils' self-awareness, self-understanding and self-acceptance in relation to educational and career development as evidenced by satisfactory completion of a supervised practicum experience in a school setting.

History: Cr. Register, April, 1988, No. 388, eff. 5-1-88.

PI 3.50 School counselor - bilingual - 967. A regular license as a school counselor—bilingual may be issued to an applicant who holds or is eligible to hold a school counselor—966 license and also meets the requirements in sub. (1) or (2), as follows:

(1) Holds a regular license as a bilingual teacher.

(2) Is proficient in English and in the target language and has completed additional counseling and guidance practice and field experiences in the community of the target language group.

History: Cr. Register, April, 1988, No. 388, eff. 5-1-88.

PI 3.51 School nurse - 75. This license is not required. An applicant for a school nurse license shall be a registered nurse in Wisconsin and shall meet the following requirements:

(1) DEGREE REQUIREMENTS. The applicant shall have completed one of the following:

(a) An approved baccalaureate degree program in school nursing which includes the professional education requirements in sub. (2) and a school nursing practicum for at least 6 semester credits.

(b) A baccalaureate degree in nursing or a 3-year nursing diploma earned prior to June 30, 1975; be presently employed by or for a school board; have completed 3 years of experience in school nursing within the 5 years immediately preceding application for the license; and have completed either the 12 semester credits required under sub. (2), or be certified as a public health nurse and have completed at least 6 semester credits from the list of subjects in sub. (2).

(2) PROFESSIONAL EDUCATION REQUIREMENTS. The applicant shall have completed the following professional education requirements as specified in sub. (1);

(a) At least 3 semester credits in human growth and development throughout the life span.

(b) At least 9 semester credits distributed among at least 3 of the following areas:

1. Sociology, which may include social psychology, child welfare and sociology of education.

2. Philosophy, which may include philosophy of education, philosophical issues in education, philosophical conceptions of teaching and learning, and philosophy of health education.

3. Psychology, which may include human abilities and learning, educational psychology of learning, psychology of the exceptional child, and learning processes in children.

4. Special education, which may include health problems of the exceptional child, psychological appraisal of the physically handicapped, speech correction, and guidance of exceptional children.

5. Other electives, which may include individualizing instruction, general curriculum, problems and materials in health education, principles of health education, and guidance and counseling.

(3) ACADEMIC SPECIALIZATION. An emphasis on pediatrics in ambulatory and community settings within the academic program is recommended.

History: Cr. Register, April, 1988, No. 388, eff. 5-1-88. Register, April, 1988, No. 388

PI 3.52 Provisional school psychologist - 61. Effective July 1, 1980, a 3-year nonrenewable license may be issued to an applicant who has obtained the institutional endorsement and has completed or possesses all of the following:

(1) A master's degree from an accredited college or university.

(2) Course work in all of the following which shall include a minimum of 48 graduate level semester credits, as specified:

(a) Psychological foundations including course work in all of the following of which a minimum of 6 semester credits, as specified:

1. Developmental psychology or child and adolescent psychology.
2. Measurement theory.
3. Personality theory.
4. Psychology of learning.
5. Psychopathology, abnormal behavior disorder.
6. Research theory and methods. The thesis or dissertation may be used to meet this requirement.
7. Statistics.

(b) Education foundations including at least 9 semester credits as follows, of which at least 6 semester credits shall be at the graduate level:

1. At least 3 semester credits in regular education methods or curriculum.
2. At least 3 semester credits in special education methods.
3. At least 3 semester credits in supervision, administration, school law, or other educational foundations courses.

(c) Core professional program including at least 33 graduate semester credits as follows:

1. At least 6 semester credits in individualized academic and behavioral programming.
2. At least 6 semester credits psychoeducational intervention including direct and indirect interventions and consultation and therapeutic interventions.
3. At least 9 semester credits in psychological and psychoeducational assessment including intelligence, personality, achievement, adaptive and sensory motor assessment.
4. At least 3 semester credits in school psychological services including role, issues, ethics, laws and regulations.
5. At least 600 hours of supervised practicum in school psychological services for at least 9 semester credits.

History: Cr. Register, April, 1988, No. 388, eff. 5-1-88.

PI 3.53 School psychologist - 62. Effective July 1, 1980, a regular license may be issued to an applicant who has obtained the institutional endorsement and has completed or possesses all of the following:

(1) All requirements for the provisional school psychologist license under s. PI 3.52.

(2) An approved program for the preparation of school psychologists, resulting in a Doctor of Philosophy, Doctor of Psychology, Doctor of Education, Education Specialist degree, or consisting of at least 60 graduate semester credits.

(3) Completion of one of the following:

(a) One year of successful experience as a school psychologist under the supervision of a cooperating school psychologist and a written recommendation from the school system administration.

(b) An internship in school psychology under the supervision of a cooperating school psychologist and a written recommendation from the school system administration. The internship shall be part of the approved program and shall be taken for a maximum of 12 graduate semester credits.

History: Cr. Register, April, 1988, No. 388, eff. 5-1-88.

PI 3.54 School social worker - 50. A regular license may be issued to an applicant who has obtained the institutional endorsement and has completed or possesses all of the following:

(1) A master's degree in social work.

(2) Competencies in all of the following areas:

(a) Family management.

(b) Group dynamics.

(c) Human growth and development.

(d) Organizational theory.

(e) Program planning and coordination.

(f) Research.

(g) Special populations, such as handicapped, aged, delinquent youth and poverty groups.

(h) Systems analysis.

(i) Various treatment modalities, such as behavior modification, transactional analysis and reality therapy.

(3) At least 18 semester credits of professional education or its equivalent is required. At least 6 of these semester credits shall be in professional education. Graduate and undergraduate credits obtained in social work, psychology, or sociology which the university school of education will accept as equivalent to professional education credits, will be accepted toward completion of the 18 semester credit education requirement.

(4) At least 2 years of social work experience dealing with children and youth is required. One year of this experience shall be completed at the elementary, middle or secondary level in a school, or in an agency whose major responsibility is to serve children and youth and whose program is recognized by the institution. Social work experience under this subsection, at a rate of not less than one year of social work experience for each 4 semester credits, may be substituted for not more than 8 semester credits of the 18 semester credits in professional education required under sub. (3).

History: Cr. Register, April, 1988, No. 388, eff. 5-1-88.

Chapter PI 4, Wisconsin Administrative Code: Teacher Education Program Approval

PI 4.71 Pupil services programs; common rules. All professional education programs leading to licensure in pupil services shall meet the following standards:

(1) The program shall require study of the organization, administration, and operation of public schools in Wisconsin, including curriculum development, instructional methods and related laws.

(2) The program shall require study of pupil services and programs including the organization, development, management and content of such programs within educational settings.

(3) The program shall require study of community support systems providing assistance to and interacting with pupils, parents, and schools such as juvenile justice, public health, mental health, social services, adult education, and employers.

(4) The program shall require study of federal and state laws and programs designed to assist schools in working with various pupil populations needing special assistance or attention or in addressing other educational priorities including children at risk programs, education for employment, programs for gifted and talented, Wisconsin educational opportunities program, vocational education, Wisconsin youth initiatives program, migrant education, school age parents programs, suicide prevention, alcohol and drug abuse, child abuse and sexual assault, human growth and development, handicapped children and non-discrimination issues.

History: Cr. Register, February, 1987, No. 374, eff. 3-1-87; am. (intro.) and (1), Register, April, 1988, No. 388, eff. 5-1-88.

PI 4.85 Director of special education and pupil services: specific rules. A professional education program leading to licensure as a director of special education and pupil services shall meet all of the following standards:

(1) The program shall require graduate study of the administration and supervision of special education programs, including the theoretical and practical aspects of pupil services administration, supervision, financing and staffing.

(2) The program shall require graduate study of the administration and supervision of pupil service programs, including the theoretical and practical aspects of pupil services administration, supervision, financing and staffing.

(3) The program shall require graduate study of school law, as it relates to health, family, social services, juvenile justice and the children's code under ch. 48, Stats.

(4) The program shall require graduate study of tests and measurements, including norm-referenced and teacher constructed testing.

(5) The program shall require a practicum or graduate internship in the director of special education and pupil services.

History: Cr. Register, November, 1990, No. 419, eff. 12-1-90.

PI 4.72 School counseling: specific rules. A professional education program leading to licensure in school counseling shall meet the following standards:

(1) The program shall require study of the psychological foundations of individual and group behavior, the structure of personality, and human development.

(2) The program shall require study of the changing cultural, economic, and societal conditions which affect pupils' development and learning.

(3) The program shall require study designed to develop the ability to develop, organize, administer, and promote comprehensive school guidance and counseling programs and to develop an understanding of management, consultation, and communication functions; leadership theory; curriculum development and articulation; inter-staff relationships; and incorporation of community resources into program development.

(4) The program shall require study of career development theories and practices, the range of career choices, decision-making skills, and the use of this knowledge as it relates to a life-long process of education, training, and work.

(5) The program shall require study of career development as it relates to entry into the work force, to colleges, and to vocational and technical schools.

(6) The program shall require study of professional issues, including pupil and family rights; legal aspects of counseling; codes of ethics; goals and objectives of professional organizations; professional team work; the role of various pupil service specialists; the standards of preparation, certification, and licensing; and the role identity of counselors.

(7) The program shall require study of referral procedures and cooperative relationships with community support systems such as juvenile justice, health, mental health and social services.

(8) The program shall require study to develop the ability to generate, analyze, and synthesize data about the behaviors, progress and needs of pupils individually and within groups; and the assessment, interpretation, and utilization of pupil aptitude, interest, and achievement data.

(9) The program shall require study designed to develop the ability to interpret research and to evaluate school practices related to counseling and guidance.

(10) The program shall require study of developmental guidance including developmental theories, educational planning methods and processes, classroom management skills, and group guidance approaches.

(11) The program shall require study of individual and group counseling processes that facilitate pupils' self-awareness, self-understanding, and self-acceptance in relation to educational, personal and social, and career development.

(12) The program shall require a university or college supervised practicum of a minimum of 288 clock hours working directly in schools at the elementary, middle or secondary level.

History: Cr. Register, February, 1987, No. 374, eff. 3-1-87; am. (intro.) and (12), Register, April, 1988, No. 388, eff. 5-1-88.

PI 4.73 School nursing: specific rules. A professional education program leading to licensure in school nursing shall meet the following standards:

(1) The program shall require study of the philosophy, aims, and objectives of a school health program which includes health education, health services, and healthful school environment. The program shall also include experience with management practices as they relate to the development, implementation, and evaluation of such a program.

(2) The program shall require study of the school nurse's role and the contributions that nursing services make to the mission of elementary, middle and secondary level education.

(3) The program shall require study of and experience in the application of the following related theories as a basis for decision making in nursing practice in the school setting:

(a) Human growth and development.

(b) Human motivation.

(c) Systems.

(d) Family and group dynamics.

(e) Learning.

(f) Program management.

(g) Crisis intervention.

(h) Self-care.

(i) Public health science.

(4) The program shall require study and experience to develop the ability to use a systematic approach in meeting the health needs of individuals and groups including the following:

(a) Collection of information about the health and developmental status of pupils.

(b) Identification of actual or potential health problems that may interfere with pupils' learning or pupils' abilities to make decisions that support their present and future, physical, social, and emotional health.

(c) Delineation and implementation of school nurse actions directed at preventing, limiting, and removing health-related barriers to pupils' learning and directed at the promotion of decision-making skills that lead to good health.

(d) Evaluation of pupil responses to nursing actions.

(5) The program shall require study and experience designed to develop competency in developing and implementing individual health care plans for exceptional children.

(6) The program shall require study and experience in health promotion and disease prevention for individuals and groups through the following:

(a) Identification of pupil health education needs.

(b) Formal and informal health counseling and health education.

(c) Development and implementation of health related curriculum.

(7) The program shall require study of and experience in evaluating the quality of school nurse care and the attainment of desired outcomes for school health service programs.

(8) The program shall require study of the relationship between the school health and community health programs and resources available and of state and federal laws and social and political issues that influence the delivery of school and community health programs.

(9) The program shall require a university or college supervised practicum of a minimum of 288 clock hours working directly in schools at the elementary, middle, or secondary level.

History: Cr. Register, February, 1987, No. 374, eff. 3-1-87; am. (intro.), (2) and (9), Register, April, 1988, No. 388, eff. 5-1-88.

PI 4.74 School psychology: specific rules. A professional education program leading to licensure in school psychology shall meet the following standards:

(1) The program shall require study of the practice of school psychology including professional issues in school psychology, standards for ethical and professional practice, and related laws and legal issues.

(2) The program shall require advanced study of the psychology of learning, cognitive psychology, psychopathology, social bases of behavior, human growth and development, biological bases of behavior, systems of psychology, personality theory, individual differences, group processes, organizational and systems theory, physiological psychology, neuropsychology, and all areas of exceptionality.

(3) The program shall require study and experiences designed to develop competencies in formal and informal psychological and psychoeducational assessment. Individual and group assessments shall include nonbiased assessment of personality, behavior, cognition, intelligence, learning styles, academic achievement, psychomotor functioning, language development, vocational and career development, and adaptive functioning. Assessment of systems shall include school and community organizations, family structure, curriculum and instruction.

(4) The program shall require study and experiences designed to develop advanced competencies in prevention, intervention and remediation techniques for individuals, groups, and systems, including behavioral methods, instructional adaptations, counseling, and consultation.

(5) The program shall require study of and experience in various school psychology service delivery models and other human services support systems including coordination of services with community agencies.

(6) The program shall require study and experience designed to develop advanced skills in research techniques, including preparation in design, implementation, and interpretation of psychological and education research and program evaluation.

(7) The program shall require a practicum, under the supervision of a college or university supervisor, of a minimum of 600 clock hours in school related campus agencies, community, and school based programs which serve both normal and exceptional pupils who are referred for psychological services. The majority of the practicum shall be working directly in schools at the elementary, middle or secondary level under the supervision of a college or university supervisor and a cooperating school psychologist.

(8) The program shall provide the opportunity for a university or college supervised graduate internship of a minimum of 1200 clock hours during which the intern shall perform a wide range of duties, including assessment, consultation, intervention, research, and program evaluation under the supervision of a college or university supervisor and cooperating school psychologist. At least half of the internship shall be working directly in schools at the elementary, middle, or secondary level with regular and special education pupils under the supervision of a licensed cooperating school psychologist. The internship experience in school psychology shall occur on a full-time basis over a period of one academic year or on a half-time basis over a period of 2 consecutive academic years.

History: Cr. Register, February, 1987, No. 374, eff. 3-1-87; am. (intro.), (7) and (8), Register, April, 1988, No. 388, eff. 5-1-88.

PI 4.75 School social work: specific rules. A professional education program leading to licensure in school social work shall meet the following standards:

(1) The program shall require study of the role and function of school social worker, including relationships with other professional school personnel and with community resources.

(2) The program shall require study of social work skills with individuals, families, and groups; of counseling and consultation; of community organizations and social agencies; and of competencies basic to the profession of social work.

(3) The program shall require study of the breadth of child welfare laws and their impact on and interaction among family, school and community.

(4) The program shall require study of principles and theories of child growth and development and the social environment in schools.

(5) The program shall require study on the effects of social forces and cultural changes on learning and human behavior.

(6) The program shall require study of methods of systematic gathering of data for the purpose of assessing the child in social environs including the family, the school, and the community and of the methods of making inferences from the data for the purpose of planning and conducting intervention strategies.

(7) The program shall require study and experience to develop the ability to communicate and cooperate with the home, school, and various community agencies regarding pupils' school attendance, school adjustment, and school achievement.

(8) The program shall require study of the conduct and interpretation of research addressing school, family, community, and pupil problems as dealt with by school social workers.

(9) The program shall require study of the methods of developing performance objectives for school social work services and of the methods of measuring the outcomes of these objectives.

(10) The program shall require a university or college supervised practicum of a minimum of 1000 clock hours working directly with children and youth; at least 250 clock hours shall be working directly in schools at the elementary, middle, or secondary level.

History: Cr. Register, February, 1987, No. 374, eff. 3-1-87; am. (intro) and (10), Register, April, 1988, No. 388, eff. 5-1-88.

Appendix G

American Nurses' Association Code for Nurses With Interpretive Statements

Reprinted with permission of the American Nurses' Association (ANA)

Committee on Ethics, 1983-1985
Catherine P. Murphy, Ed.D., R.N., chairperson
Mila A. Aroskar, Ed.D., R.N., F.A.A.N.
Sister Karin Dufault, Ph.D., R.N.
Carol A. Jenkins, M.S.N., R.N.
Marilyn Whipple, M.S., R.N.,C.S.

Committee on Ethics, 1981-1982
Anne J. Davis, Ph.D., R.N., F.A.A.N., chairperson
Carol A. Jenkins, M.S.N., R.N.
Catherine P. Murphy, Ed.D., R.N.
Rita J. Payton, D.A., R.N.
Joyce Thompson, Dr.P.H., R.N., F.A.A.N.

Published by
American Nurses' Association
2420 Pershing Road
Kansas City, Missouri 64108

Copyright © 1976, 1985
by American Nurses' Association
G-56 12M 7/85

Preamble

A code of ethics makes explicit the primary goals and values of the profession. When individuals become nurses, they make a moral commitment to uphold the values and special moral obligations expressed in their code. The Code for Nurses is based on a belief about the nature of individuals, nursing, health, and society. Nursing encompasses the protection, promotion, and restoration of health; the prevention of illness; and the alleviation of suffering in the care of clients, including individuals, families, groups, and communities. In the context of these functions, nursing is defined as the diagnosis and treatment of human responses to actual or potential health problems.

Since clients themselves are the primary decision makers in matters concerning their own health, treatment, and well-being, the goal of nursing actions is to support and enhance the client's responsibility and self-determination to the greatest extent possible. In this context, health is not necessarily an end in itself, but rather a means to a life that is meaningful from the client's perspective.

When making clinical judgments, nurses base their decisions on consideration of consequences and of universal moral principles, both of which prescribe and justify nursing actions. The most fundamental of these principles is respect for persons. Other principles stemming from this basic principle are autonomy (self-determination), beneficence (doing good), nonmaleficence (avoiding harm), veracity (truth-telling), confidentiality (respecting privileged information), fidelity (keeping promises), and justice (treating people fairly).

In brief, then, the statements of the code and their interpretation provide guidance for conduct and relationships in carrying out nursing responsibilities consistent with the ethical obligations of the profession and with high quality in nursing care.

Although a particular situation by its nature may determine the use of specific moral principles, the basic philosophical values, directives, and suggestions provided here are widely applicable to situations encountered in clinical practice. The Code for Nurses is not open to negotiation in employment settings, nor is it permissible for individuals or groups of nurses to adapt or change the language of this code.

The requirements of the code may often exceed those of the law. Violations of the law may subject the nurse to civil or criminal liability. The state nurses' associations, in fulfilling the profession's duties to society, may discipline their members for violations of the code. Loss of the respect and confidence of society and of one's colleagues is a serious sanction resulting from violation of the code. In addition, every nurse has a personal obligation to uphold and adhere to the code and to ensure that nursing colleagues do likewise.

Guidance and assistance in applying the code to local situations may be obtained from the American Nurses' Association and the constituent state nurses' associations.

Code for Nurses

1. The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.
3. The nurse acts to safeguard the client and the public when health care and safety are affect-

ed by the incompetent, unethical, or illegal practice of any person.

4. The nurse assumes responsibility and accountability for individual nursing judgments and actions.
5. The nurse maintains competence in nursing.
6. The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
7. The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.
8. The nurse participates in the profession's efforts to implement and improve standards of nursing.
9. The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.
10. The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.
11. The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

Introduction

A code of ethics indicates a profession's acceptance of the responsibility and trust with which it has been invested by society. Under the terms of the implicit contract between society and the nursing profession, society grants the profession considerable autonomy and authority to function in the conduct of its affairs. The development of a code of ethics is an essential activity of a profession and provides one means for the exercise of professional self-regulation.

Upon entering the profession, each nurse inherits a measure of both the responsibility and the trust that have accrued to nursing over the years, as well as the corresponding obligation to adhere to the profession's code of conduct and relationships for ethical practice. The *Code for Nurses With Interpretive Statements* is thus more a collective expression of nursing conscience and philosophy than a set of external rules imposed upon an individual practitioner of nursing. Personal and professional integrity can be assured only if an individual is committed to the profession's code of conduct.

A code of ethical conduct offers general principles to guide and evaluate nursing actions. It does not assure the virtues required for professional practice within the character of each nurse. In particular situations, the justification of behavior as ethical must satisfy not only the individual nurse acting as a moral agent but also the standards for professional peer review.

The Code for Nurses was adopted by the American Nurses' Association in 1950 and has been revised periodically. It serves to inform both the nurse and society of the profession's expectations and requirements in ethical matters. The code and the interpretive statements together provide a framework within which nurses can make ethical decisions and discharge their responsibilities to the public, to other members of the health team, and to the profession.

1 The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

1.1 Respect for Human Dignity

The fundamental principle of nursing practice is respect for the inherent dignity and worth of every client. Nurses are morally obligated to respect human existence and the individuality of all persons who are the recipients of nursing actions. Nurses therefore must take all reasonable means to protect and preserve human life when there is hope of recovery or reasonable hope of benefit from life-prolonging treatment.

Truth telling and the process of reaching informed choice underlie the exercise of self-determination, which is basic to respect for persons. Clients should be as fully involved as possible in the planning and implementation of their own health care. Clients have the moral right to determine what will be done with their own person; to be given accurate information, and all the information necessary for making informed judgments; to be assisted with weighing the benefits and burdens of options in their treatment; to accept, refuse, or terminate treatment without coercion; and to be given necessary emotional support. Each nurse has an obligation to be knowledgeable about the moral and legal rights of all clients and to protect and support those rights. In situations in which the client lacks the capacity to make a decision, a surrogate decision maker should be designated.

Individuals are interdependent members of the community. Taking into account both individual rights and their interdependence of persons in decision making, the nurse recognizes those situations in which individual rights to autonomy in health care may temporarily be overridden to preserve the life of the human community; for example, when a disaster demands triage or when an individual presents a direct danger to others. The many variables involved make it imperative that each case be considered with full awareness of the need to preserve the rights and responsibilities of clients and the demands of justice. The suspension of individual rights must always be considered a deviation to be tolerated as briefly as possible.

1.2 Status and Attributes of Clients

The need for health care is universal, transcending all national, ethnic, racial religious, cultural, political, educational, economic, developmental, personality, role, and sexual differences. Nursing care is delivered without prejudicial behavior. individual value systems and life-styles should be considered in the planning of health care with and for each client. Attributes of clients influence nursing practice to the extent that they represent factors the nurse must understand, consider, and respect in tailoring care to personal needs and in maintaining the individual's self-respect and dignity.

1.3 The Nature of Health Problems

The nurse's respect for the worth and dignity of the individual human being applies, irrespective of the nature of the health problem. It is reflected in care given the person who is disabled as well as one without disability, the person with long-term illness as well as one with acute illness, the recovering patient as well as one in the last phase of life. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care of the dying. The nurse does not act deliberately to terminate the life of any person.

The nurse's concern for human dignity and for the provision of high quality nursing care is not limited by personal attitudes or beliefs. If ethically opposed to interventions in a particular case because of the procedures to be used, the nurse is justified in refusing to participate. Such refusal should be made known in advance and in time for other appropriate arrangements to be made for the client's nursing care. If the nurse becomes involved in such a case and the client's life is in jeopardy, the nurse is obliged to provide for the client's safety, to avoid abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the client.

The measures nurses take to care for the dying client and the client's family emphasize human contact. They enable the client to live with as much physical, emotional, and spiritual comfort as possible, and they maximize the values the client has treasured in life. Nursing care is directed toward the prevention and relief of the suffering commonly associated with the dying process. The nurse may provide interventions to relieve symptoms in the dying client even when the interventions entail substantial risks of hastening death.

1.4 The Setting for Health Care

The nurse adheres to the principle of nondiscriminatory, nonprejudicial care in every situation and endeavors to promote its acceptance by others. The setting shall not determine the nurse's readiness to respect clients and to render or obtain needed services.

2 The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

2.1 The Client's Right to Privacy

The right to privacy is an inalienable human right. The client trusts the nurse to hold all information in confidence. This trust could be destroyed and the client's welfare jeopardized by injudicious disclosure of information provided in confidence. The duty of confidentiality, however, is not absolute when innocent parties are in direct jeopardy.

2.2 Protection of Information

The rights, well-being, and safety of the individual client should be the determining factors in arriving at any professional judgment concerning the disposition of confidential information received from the client relevant to his or her treatment. The standards of nursing practice and the nursing responsibility to provide high quality health services require that relevant data be shared with members of the health team. Only information

pertinent to a client's treatment and welfare is disclosed, and it is disclosed only to those directly concerned with the client's care.

Information documenting the appropriateness, necessity, and quality of care required for the purposes of peer review, third-party payment, and other quality assurance mechanisms must be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the client are maintained.

2.3 Access to Records

If in the course of providing care there is a need for the nurse to have access to the records of persons not under the nurse's care, the persons affected should be notified and, whenever possible, permission should be obtained first. Although records belong to the agency where the data are collected, the individual maintains the right of control over the information in the record. Similarly, professionals may exercise the right of control over information they have generated in the course of health care.

If the nurse wishes to use a client's treatment record for research or nonclinical purposes in which anonymity cannot be guaranteed, the client's consent must be obtained first. Ethically, this ensures the client's right to privacy; legally, it protects the client against unlawful invasion of privacy.

3 The nurse acts to safeguard the client and the public when health care and safety are affected by incompetent, unethical, or illegal practice by any person.

3.1 Safeguarding the Health and Safety of the Client

The nurse's primary commitment is to the health, welfare, and safety of the client. As an advocate for the client, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, or illegal practice by any member of the health care team or the health care system, or any action on the part of others that places the rights or best interests of the client in jeopardy. To function effectively in this role, nurses must be aware of the employing institution's policies and procedures, nursing standards of practice, the Code for Nurses, and laws governing nursing and health care practice with regard to incompetent, unethical, or illegal practice.

3.2 Acting on Questionable Practice

When the nurse is aware of inappropriate or questionable practice in the provision of health care, concern should be expressed to the person carrying out the questionable practice and attention called to the possible detrimental effect upon the client's welfare. When factors in the health care delivery system threaten the welfare of the client, similar action should be directed to the responsible administrative person. If indicated, the practice should then be reported to the appropriate authority within the institution, agency, or larger system.

There should be an established process for the reporting and handling of incompetent, unethical, or illegal practice within the employment setting so that such reporting can go through official channels without causing fear of reprisal. The nurse should be knowledgeable about the process and be prepared to use it if necessary. When questions are raised about the practices of individual practitioners or of health care systems, written documentation of the observed practices or behaviors must be available to the appropriate authorities. State nurses' associations should be prepared to provide assistance and support in the development and evaluation of such processes and in reporting procedures.

When incompetent, unethical, or illegal practice on the part of anyone concerned with the client's care is not corrected within the employment setting and continues to jeopardize the client's welfare and safety, the problem should be reported to other appropriate authorities such as practice committees of the pertinent professional organizations or the legally constituted bodies concerned with licensing of specific categories of health workers or professional practitioners. Some situations may warrant the concern and involvement of all such groups. Accurate reporting and documentation undergird all actions.

3.3 Review Mechanisms

The nurse should participate in the planning, establishment, implementation, and evaluation of review mechanisms that serve to safeguard clients, such as duly constituted peer review processes or committees and ethics committees. Such ongoing review mechanisms are based on established criteria, have stated purposes, include a process for making recommendations, and facilitate improved delivery of nursing and other health services to clients wherever nursing services are provided.

BEST COPY AVAILABLE

4 The nurse assumes responsibility and accountability for individual nursing judgments and actions.

4.1 Acceptance of Responsibility and Accountability

The recipients of professional nursing services are entitled to high quality nursing care. Individual professional licensure is the protective mechanism legislated by the public to ensure the basic and minimum competencies of the professional nurse. Beyond that, society has accorded to the nursing profession the right to regulate its own practice. The regulation and control of nursing practice by nurses demand that individual practitioners of professional nursing must bear primary responsibility for the nursing care clients receive and must be individually accountable for their own practice.

4.2 Responsibility for Nursing Judgment and Action

Responsibility refers to the carrying out of duties associated with a particular role assumed by the nurse. Nursing obligations are reflected in the ANA publications *Nursing: A Social Policy Statement* and *Standards of Nursing Practice*. In recognizing the rights of clients, the standards describe a collaborative relationship between the nurse and the client through use of the nursing process. Nursing responsibilities include data collection and assessment of the health status of the client; formation of nursing diagnoses derived from client assessment; development of a nursing care plan that is directed toward designated goals, assists the client in maximizing his or her health capabilities, and provides for the client's participation in promoting, maintaining, and restoring his or her health; evaluation of the effectiveness of nursing care in achieving goals as determined by the client and the nurse; and subsequent reassessment and revision of the nursing care plan as warranted. In the process of assuming these responsibilities, the nurse is held accountable for them.

4.3 Accountability for Nursing Judgment and Action

Accountability refers to being answerable to someone for something one has done. It means providing an explanation or rationale to oneself, to clients, to peers, to the nursing profession, and to society. In order to be accountable, nurses act under a code of ethical conduct that is grounded in the moral principles of fidelity and respect for the dignity, worth, and self-determination of clients.

The nursing profession continues to develop ways to clarify nursing's accountability to society. The contract between the profession and society is made explicit through such mechanisms as (a) the Code for Nurses, (b) the standards of nursing practice, (c) the development of nursing theory derived from nursing research in order to guide nursing actions, (d) educational requirements for practice, (e) certification, and (f) mechanisms for evaluating the effectiveness of the nurse's performance of nursing responsibilities.

Nurses are accountable for judgments made and actions taken in the course of nursing practice. Neither physicians' orders nor the employing agency's policies relieve the nurse of accountability for actions taken and judgments made.

5 The nurse maintains competence in nursing.

5.1 Personal Responsibility for Competence

The profession of nursing is obligated to provide adequate and competent nursing care. Therefore it is the personal responsibility of each nurse to maintain competency in practice. For the client's optimum well-being and for the nurse's own professional development, the care of the client reflects and incorporates new techniques and knowledge in health care as these develop, especially as they relate to the nurse's particular field of practice. The nurse must be aware of the need for continued professional learning and must assume personal responsibility for currency of knowledge and skills.

5.2 Measurement of Competence in Nursing Practice

Evaluation of one's performance by peers is a hallmark of professionalism and a method by which the profession is held accountable to society. Nurses must be willing to have their practice reviewed and evaluated by their peers. Guidelines for evaluating the scope of practice and the appropriateness, effectiveness, and efficiency of nursing practice are found in nursing practice acts, ANA standards of practice, and other quality assurance mechanisms. Each nurse is responsible for participating in the development of objective criteria for evaluation. In addition, the nurse engages in ongoing self-evaluation of clinical competency, decision-making abilities, and professional judgments.

5.3 Intraprofessional Responsibility for Competence in Nursing Care

Nurses share responsibility for high quality nursing care. Nurses are required to have knowledge relevant to the current scope of nursing practice, changing issues and concerns, and ethical concepts and principles. Since individual competencies vary, nurses refer clients to and consult with other nurses with expertise and recognized competencies in various fields of practice.

6 The nurse exercises informed judgment and uses individual competency and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities.

6.1 Changing Functions

Nurses are faced with decisions of in the context of the increased complexity of health care, changing patterns in the delivery of health services, and the development of evolving nursing practice in response to the health needs of clients. As the scope of nursing practice changes, the nurse must exercise judgment in accepting responsibility, seeking consultation, and assigning responsibilities to others who carryout nursing care.

6.2 Accepting Responsibilities

The nurse must not engage in practices prohibited by law or delegate to others activities prohibited by practice acts of other health care personnel or by other laws. Nurses determine the scope of their practice in light of their education, knowledge, competency, and extent of experience. If the nurse concludes that he or she lacks competence or is inadequately prepared to carry out a specific function, the nurse has the responsibility to refuse that work and to seek alternative sources of care based on concern for the clients' welfare. In that refusal, both the client and the nurse are protected. Inasmuch as the nurse is responsible for the continuous care of patients in health care settings, the nurse is frequently called upon to carry out components of care delegated by other health professionals as part of the client's treatment regimen. The nurse should not accept these interdependent functions if they are so extensive as to prevent the nurse from fulfilling the responsibility to provide appropriate nursing care to clients.

6.3 Consultation and Collaboration

The provision of health and illness care to clients is a complex process that requires a wide range of knowledge, skills, and collaborative efforts. Nurses must be aware of their own individual competencies. When the needs of the client are beyond the qualifications and competencies of the nurse, consultation and collaboration must be sought from qualified nurses, other health professionals, or other appropriate sources. Participation on intradisciplinary or interdisciplinary teams is often an effective approach to the provision of high quality total health services.

6.4 Delegation of Nursing Activities

Inasmuch as the nurse is accountable for the quality of nursing care rendered to clients, nurses are accountable for the delegation of nursing care activities to other health workers. Therefore, the nurse must assess individual competency in assigning selected components of nursing care to other nursing service personnel. The nurse should not delegate to any member of the nursing team a function for which that person is not prepared or qualified. Employer policies or directives do not relieve the nurse of accountability for making judgments about the delegation of nursing care activities.

7 The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

7.1 The Nurse and Development of Knowledge

Every profession must engage in scholarly inquiry to identify, verify, and continually enlarge the body of knowledge that forms the foundation for its practice. A unique body of verified knowledge provides both framework and direction for the profession in all of its activities and for the practitioner in the provision of nursing care. The accrual of scientific and humanistic knowledge promotes the advancement of practice and the well-being of the profession's clients. Ongoing scholarly activities such as research and the development of theory is indispensable to the full discharge of a profession's obligations to society. Each nurse has a role in this area of professional activity, whether as an investigator in furthering knowledge, as a participant in research, or as a user of theoretical and empirical knowledge.

7.2 Protection of Rights of Human Participants in Research

Individual rights valued by society and by the nursing profession that have particular application in research include the right of adequately informed consent, the right to freedom from risk of injury, and the right of privacy and preservation of dignity. Inherent in these rights is respect for each individual's rights to exercise self-determination, to choose to participate or not, to have full information, and to terminate participation in research without penalty.

It is the duty of the nurse functioning in any research role to maintain vigilance in protecting the life, health, and privacy of human subjects from both anticipated and unanticipated risks and in assuring informed consent. Subjects' integrity, privacy, and rights must be especially safeguarded if the subjects are unable to protect themselves because of incapacity or because they are in a dependent relationship to the investigator. The investigation should be discontinued if its continuance might be harmful to the subject.

7.3 General Guidelines for Participating in Research

Before participating in research conducted by others, the nurse has an obligation to (a) obtain information about the intent and the nature of the research and (b) ascertain that the study proposal is approved by the appropriate bodies, such as institutional review boards.

Research should be conducted and directed by qualified persons. The nurse who participates in research in any capacity should be fully informed about both the nurse's and the client's rights and obligations.

8 The nurse participates in the profession's efforts to implement and improve standards of nursing.

8.1 Responsibility to the Public for Standards

Nursing is responsible and accountable for admitting to the profession only those individuals who have demonstrated the knowledge, skills, and commitment considered essential to professional practice. Nurse educators have a major responsibility for ensuring that these competencies and a demonstrated commitment to professional practice have been achieved before the entry of an individual into the practice of professional nursing.

Established standards and guidelines for nursing practice provide guidance for the delivery of professional nursing care and are a means for evaluating care received by the public. The nurse has a personal responsibility and commitment to clients for implementation and maintenance of optimal standards of nursing practice.

8.2 Responsibility to the Profession for Standards

Established standards reflect the practice of nursing grounded in ethical commitments and a body of knowledge. Professional standards or guidelines exist in nursing practice, nursing service, nursing education, and nursing research. The nurse has the responsibility to monitor these standards in daily practice and to participate actively in the profession's ongoing efforts to foster optimal standards of practice at the local, regional, state, and national levels of the health care system.

Nurse educators have the additional responsibility to maintain optimal standards of nursing practice and education in nursing education programs and in any other settings where planned learning activities for nursing students take place.

9 The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.

9.1 Responsibility for Conditions of Employment

The nurse must be concerned with conditions of employment that (a) enable the nurse to practice in accordance with the standards of nursing practice and (b) provide a care environment that meets the standards of nursing service. The provision of high quality nursing care is the responsibility of both the individual nurse and the nursing profession. Professional autonomy and self-regulation in the control of conditions of practice are necessary for implementing nursing standards.

9.2 Maintaining Conditions for High Quality Nursing Care

Articulation and control of nursing practice can be accomplished through individual agreement and collective action. A nurse may enter into an agreement with individuals or organizations to provide health care. Nurses may participate in collective action such as collective bargaining through their state nurses' association to determine the terms and conditions of employment

conducive to high quality nursing care. Such agreements should be consistent with the profession's standards of practice, the state law regulating nursing practice, and the Code for Nurses.

10 The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

10.1 Protection from Misinformation and Misrepresentation

Nurses are responsible for advising clients against the use of products that endanger the clients' safety and welfare. The nurse shall not use any form of public or professional communication to make claims that are false, fraudulent, misleading, deceptive, or unfair.

The nurse does not give or imply endorsement to advertising, promotion, or sale of commercial products or services in a manner that may be interpreted as reflecting the opinion or judgment of the profession as a whole. The nurse may use knowledge of specific services or products in advising an individual client, since this may contribute to the client's health and well-being. In the course of providing information or education to clients or other practitioners about commercial products or services, however, a variety of similar products or services should be offered or described so the client or practitioner can make an informed choice.

10.2 Maintaining the Integrity of Nursing

The use of the title *registered nurse* is granted by state governments for the protection of the public. Use of that title carries with it the responsibility to act in the public interest. The nurse may use the title *R.N.* and symbols of academic degrees or other earned or honorary professional symbols of recognition in all ways that are legal and appropriate. The title and other symbols of the profession should not be used, however, for benefits unrelated to nursing practice or the profession, or used by those who may seek to exploit them for other purposes.

Nurses should refrain from casting a vote in any deliberations involving health care services or facilities where the nurse has business or other interests that could be construed as a conflict of interest.

11 The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

11.1 Collaboration with Others to Meet Health Needs

The availability and accessibility of high quality health services to all people require collaborative planning at the local, state, national, and international levels that respects the interdependence of health professionals and clients in health care systems. Nursing care is an integral part of high quality health care, and nurses have an obligation to promote equitable access to nursing and health care for all people.

11.2 Responsibility to the Public

The nursing profession is committed to promoting the welfare and safety of all people. The goals and values of nursing are essential to effective delivery of health services. For the benefit of the individual client and the public at large, nursing's goals and commitments need adequate representation. Nurses should ensure this representation by active participation in decision making in institutional and political arenas to assure a just distribution of health care and nursing resources.

11.3 Relationships with Other Disciplines

The complexity of health care delivery systems requires a multidisciplinary approach to delivery of services that has the strong support and active participation of all the health professions. Nurses should actively promote the collaborative planning required to ensure the availability and accessibility of high quality health services to all persons whose health needs are unmet.

Appendix H

American School Counselor Association Ethical Standards

Reprinted with permission of the American School Counselor Association (ASCA)

Preamble

The American School Counselor Association (ASCA) is a professional organization whose members have a unique and distinctive preparation, grounded in the behavioral sciences, with training in counseling skills adapted to the school setting. The school counselor assists in the growth and development of each individual and uses his or her specialized skills to ensure that the rights of the counselee are properly protected within the structure of the school program. School counselors subscribe to the following basic tenets of the counseling process from which professional responsibilities are derived:

1. Each person has the right to respect and dignity as a unique human being and to counseling services without prejudice as to person, character, belief, or practice.
2. Each person has the right to self-direction and self-development.
3. Each person has the right of choice and the responsibility for decisions reached.
4. Each person has the right to privacy and thereby the right to expect the counselor-client relationship to comply with all laws, policies, and ethical standards pertaining to confidentiality.

In this document, the American School Counselor Association has specified the principles of ethical behavior necessary to maintain and regulate the high standards of integrity and leadership among its members. The Association recognizes the basic commitment of its members to the *Ethical Standards* of its parent organization, the American Counseling Association (ACA), and nothing in this document shall be construed to supplant that code. The *Ethical Standards for School Counselors* was developed to complement the ACA standards by clarifying the nature of ethical responsibilities for present and future counselors in the school setting. The purposes of this document are to

1. Serve as a guide for the ethical practices of all professional school counselors regardless of level, area, population served, or membership in this Association.
2. Provide benchmarks for both self-appraisal and peer evaluations regarding counselor responsibilities to students, parents, colleagues and professional associates, school and community, self, and the counseling profession.
3. Inform those served by the school counselor of acceptable counselor practices and expected professional deportment.

A. Responsibilities to Students

The school counselor

1. Has the primary obligation and loyalty to the student, who is to be treated with respect as a unique individual, whether assisted individually or in a group setting.
2. Is concerned with the total needs of the student (educational, vocational, personal, and social) and encourages the maximum growth and development of each counselee.
3. Informs the counselee of the purposes, goals, techniques, and rules of procedure under which she or he may receive counseling assistance at or before the time when the counseling relationship is entered. Prior notice includes confidentiality issues such as the possible necessity for consulting with other professionals, privileged communication, and legal or authoritative restraints. The meaning and limits of confidentiality are clearly defined to counselees.
4. Refrains from consciously encouraging the counselee's acceptance of values, lifestyles, plans, decisions, and beliefs that represent only the counselor's personal orientation.
5. Is responsible for keeping abreast of laws relating to students and strives to ensure that the rights of students are adequately provided for and protected.
6. Avoids dual relationships which might impair his or her objectivity and/or increase the risk of harm to the client (for example, counseling one's family members, close friends, or associates). If a dual relationship is unavoidable, the counselor is responsible for taking action to eliminate or reduce the potential for harm. Such safeguards might include in-

formed consent, consultation, supervision, and documentation.

7. Makes appropriate referrals when professional assistance can no longer be adequately provided to the counselee. Appropriate referral requires knowledge of available resources.
8. Protects the confidentiality of student records and releases personal data only according to prescribed laws and school policies. Student information maintained through electronic data storage methods is treated with the same care as traditional student records.
9. Protects the confidentiality of information received in the counseling relationship as specified by law and ethical standards. Such information is only to be revealed to others with the informed consent of the counselee and consistent with the obligations of the counselor as a professional person. In a group setting, the counselor sets a norm of confidentiality and stresses its importance, yet clearly states that confidentiality in group counseling cannot be guaranteed.
10. Informs the appropriate authorities when the counselee's condition indicates a clear and imminent danger to the counselee or others. This is to be done after careful deliberation and, where possible, after consultation with other professionals. The counselor informs the counselee of actions to be taken so as to minimize confusion and clarify expectations.
11. Screens prospective group members and maintains an awareness of participants' compatibility throughout the life of the group, especially when the group emphasis is on self-disclosure and self-understanding. The counselor takes reasonable precautions to protect members from physical and/or psychological harm resulting from interaction within the group.
12. Provides explanations of the nature, purposes, and results of tests in language that is understandable to the client(s).
13. Adheres to relevant standards regarding selection, administration, and interpretation of assessment techniques. The counselor recognizes that computer-based testing programs require specific training in administration, scoring, and interpretation which may differ from that required in more traditional assessments.
14. Promotes the benefits of appropriate computer applications and clarifies the limitations of computer technology. The counselor ensures that (1) computer applications are appropriate for the individual needs of the counselee, (2) the counselee understands how to use the application, and (3) follow-up counseling assistance is provided. Members of underrepresented groups are assured of equal access to computer technologies and the absence of discriminatory information and values within computer applications.
15. Has unique ethical responsibilities in working with peer programs. In general, the school counselor is responsible for the welfare of students participating in peer programs under her or his direction. School counselors who function in training and supervisory capacities are referred to the preparation and supervision standards of professional counselor associations.

B. Responsibilities to Parents

The school counselor

1. Respects the inherent rights and responsibilities of parents for their children and endeavors to establish a cooperative relationship with parents to facilitate the maximum development of the counselee.
2. Informs parents of the counselor's role, with emphasis on the confidential nature of the counseling relationship between the counselor and counselee.
3. Provides parents with accurate, comprehensive and relevant information in an objective and caring manner, as appropriate and consistent with ethical responsibilities to the counselee.
4. Treats information received from parents in a confidential and appropriate manner.
5. Shares information about a counselee only with those persons properly authorized to receive such information.
6. Adheres to laws and local guidelines when assisting parents experiencing family difficulties which interfere with the counselee's effectiveness and welfare.
7. Is sensitive to changes in the family and recognizes that all parents, custodial and noncustodial, are vested with certain rights and responsibilities for the welfare of their children by virtue of their position and according to law.

C. *Responsibilities to Colleagues and Professional Associates*

The school counselor

1. Establishes and maintains a cooperative relationship with faculty, staff, and administration to facilitate the provision of optimal guidance and counseling programs and services.
2. Promotes awareness and adherence to appropriate guidelines regarding confidentiality, the distinction between public and private information, and staff consultation.
3. Treats colleagues with respect, courtesy, fairness, and good faith. The qualifications, views, and findings of colleagues are represented accurately and fairly to enhance the image of competent professionals.
4. Provides professional personnel with accurate, objective, concise, and meaningful data necessary to adequately evaluate, counsel, and assist the counselee.
5. Is aware of and fully utilizes related professions and organizations to whom the counselee may be referred.

D. *Responsibilities to the School and Community*

The school counselor

1. Supports and protects the educational program against any infringement not in the best interest of students.
2. Informs appropriate officials of conditions that may be potentially disruptive or damaging to the school's mission, personnel, and property.
3. Delineates and promotes the counselor's role and function in meeting the needs of those served. The counselor will notify appropriate school officials of conditions which may limit or curtail their effectiveness in providing programs and services.
4. Assists in the development of (1) curricular and environmental conditions appropriate for the school and community, (2) educational procedures and programs to meet student needs, and (3) a systematic evaluation process for guidance and counseling programs, services, and personnel. The counselor is guided by the findings of the evaluation data in planning programs and services.
5. Actively cooperates and collaborates with agencies, organizations, and individuals in the school and community in the best interest of counselees and without regard to personal reward or remuneration.

E. *Responsibilities to Self*

The school counselor

1. Functions within the boundaries of individual professional competence and accepts responsibility for the consequences of his or her actions.
2. Is aware of the potential effects of her or his own personal characteristics on services to clients.
3. Monitors personal functioning and effectiveness and refrains from any activity likely to lead to inadequate professional services or harm to a client.
4. Recognizes that differences in clients relating to age, gender, race, religion, sexual orientation, socioeconomic and ethnic backgrounds may require specific training to ensure competent services.
5. Strives through personal initiative to maintain professional competence and keep abreast of innovations and trends in the profession. Professional and personal growth is continuous and ongoing throughout the counselor's career.

F. *Responsibilities to the Profession*

The school counselor

1. Conducts herself or himself in such a manner as to bring credit to self and the profession.
2. Conducts appropriate research and reports findings in a manner consistent with acceptable educational and psychological research practices. When using client data for research, statistical, or program planning purposes, the counselor ensures protection of the identity of the individual client(s).
3. Actively participates in local, state, and national associations which foster the development and improvement of school counseling.
4. Adheres to ethical standards of the profession, other official policy statements pertaining to counseling, and relevant statutes established by federal, state, and local governments.
5. Clearly distinguishes between statements and actions made as a private individual and as a representative of the school counseling profession.
6. Contributes to the development of the profession through the sharing of skills, ideas, and expertise with colleagues.

G. *Maintenance of Standards*

Ethical behavior among professional school counselors, Association members and nonmembers, is expected at all times. When there exists

serious doubt as to the ethical behavior of colleagues, or if counselors are forced to work in situations or abide by policies which do not reflect the standards as outlined in these *Ethical Standards for School Counselors* or the ACA *Ethical Standards*, the counselor is obligated to take appropriate action to rectify the condition. The following procedure may serve as a guide:

1. If feasible, the counselor should consult with a professional colleague to confidentially discuss the nature of the complaint to see if she or he views the situation as an ethical violation.
2. Whenever possible, the counselor should directly approach the colleague whose behavior is in question to discuss the complaint and seek resolution.
3. If resolution is not forthcoming at the personal level, the counselor shall utilize the channels established within the school and/or school district. This may include both informal and formal procedures.
4. If the matter still remains unresolved, referral for review and appropriate action should be made to the Ethics Committees in the following sequence:
   - local counselor association
   - state counselor association
   - national counselor association
5. The ASCA Ethics Committee functions in an educative and consultative capacity and does not adjudicate complaints of ethical misconduct. Therefore, at the national level, complaints should be submitted in writing to the ACA Ethics Committee for review and appropriate action. The procedure for submitting complaints may be obtained by writing the ACA Ethics Committee, c/o The Executive Director, American Counseling Association, 5999 Stevenson Avenue, Alexandria, VA 22304.

H. Resources

School counselors are responsible for being aware of, and acting in accord with, the standards and positions of the counseling profession as represented in official documents such as those listed below.

Code of Ethics. National Board for Certified Counselors. Alexandria, VA (1989).

Code of Ethics for Peer Helping Professionals. National Peer Helpers Association. Glendale, CA (1989).

Ethical Guidelines for Group Counselors. Association for Specialists in Group Work. Alexandria, VA (1989).

Ethical Standards. American Association for Counseling and Development. Alexandria, VA (1988).

Position Statement: The School Counselor and Confidentiality. American School Counselor Association. Alexandria, VA (1986).

Position Statement: The School Counselor and Peer Facilitation. American School Counselor Association. Alexandria, VA (1984).

Position Statement: The School Counselor and Student Rights. American School Counselor Association. Alexandria, VA (1982).

Ethical Standards for School Counselors was adopted by the ASCA Delegate Assembly, March 19, 1984. This revision was approved by the ASCA Delegate Assembly, March 27, 1992.

As of July 1, 1992, the American Association for Counseling and Development (AACD) becomes the American Counseling Association (ACA).

Appendix I

National Association of School Psychologists: Principles for Professional Ethics

Copyright 1992 by the National Association of School Psychologists. Reprinted by permission of the publisher.

I. Introduction

The formal principles that guide the conduct of a professional school psychologist are known as *Ethics*. By virtue of joining the Association, each NASP member has agreed to act in a manner that shows respect for human dignity and assures a high quality of professional service. Although ethical behavior is an individual responsibility, it is in the interest of an association to adopt and enforce a code of ethics. If done properly, members will be guided towards appropriate behavior, and public confidence in the profession will be enhanced. Additionally, a code of ethics should provide due process procedures to protect members from potential abuse of the code. These *Principles* have been written to accomplish these goals.

The principles in this manual are based on the assumptions that: (1) school psychologists will act as advocates for their students/clients, and (2) at the very least, school psychologists will do no harm. These necessitate that school psychologists "speak up" for the needs and rights of their students/clients at times when it may be difficult to do so. School psychologists are also restrained to provide only those services for which they have acquired an acknowledged level of experience, training, and competency. Beyond these basic premises, judgment is required to apply the ethical principles to the fluid and expanding interactions between school and community.

There are many different sources of advice for the proper way to behave; local policies, state laws, federal laws, credentialing standards, professional association position statements, and books that recommend "Best Practices" are just a few. Given one's employment situation and the array of recommendations, events may develop in which the proper course of action is unclear.

As a general rule, the Association will seek to enforce the *Ethical Principles* upon members. The NASP *Standards for the Provision of School Psychological Services* are typically not enforced, although all members are encouraged to work towards achieving the hallmarks of quality services delivery that are described therein. Similarly, "position statements" and "best practices" documents are not adjudicated. In other words, one may consider the guidance of *Ethical Principles* to be more general, yet more enduring than other documents that reflect short-term opinions about specific actions that are shaped by local events, popular trends, or recent developments in the field.

The principles in this manual are organized into several sections as a result of editorial judgment. Therefore, principles discussed in one section may also apply to other sections. Every school psychologist, regardless of position (for example, practitioner, researcher, university trainer, supervisor, state or federal consultant, administrator of psychological services) or setting (for example, public or private school, community agency, hospital, university, private practice) should examine the theme reflected in each ethical principle to determine the application to her or his individual situation. For example, although a given principle may specifically discuss responsibilities towards "clients," the intent is that the standard would also apply to supervisees, trainees, and research participants. To obtain additional assistance in applying these principles to our particular setting, consult with experienced school psychologists, and seek advice from the National Association of School Psychologists or your state school psychology association.

II. Professional Competency

A. General

1. School psychologists recognize the strengths and limitations of their training and experience, engaging only in practices for which they are competent. They must continually seek additional training with the welfare of children, families, the school community, and their trainees or supervisees in mind.
2. Competence levels, education, training, and experience are accurately represented to clients in a professional manner.
3. School psychologists do not use affiliations with persons, associations, or institutions to imply a level of professional competence which exceeds that which has actually been achieved.

4. School psychologists are aware of their limitations and enlist the assistance of other specialists in supervisory, consultative, or referral roles as appropriate in providing services.
5. School psychologists engage in continuing professional development. They remain current regarding developments in research, training, and professional practices that benefit children, families, and schools.
6. School psychologists refrain from any activity in which their personal problems or conflicts may interfere with professional effectiveness. Competent assistance is sought to alleviate conflicts in professional relationships.

III. Professional Relationships and Responsibilities

A. General

1. School psychologists are committed to the application of their professional expertise for the purpose of promoting improvement in the quality of life for students, their families, and the school community. This objective is pursued in ways that protect the dignity and rights of those involved. School psychologists accept responsibility for the appropriateness of their treatments and professional practices.
2. School psychologists respect all persons and are sensitive to physical, mental, emotional, political, economic, social, cultural, ethnic, racial, gender, sexual preference, and religious characteristics.
3. School psychologists are responsible for the direction and nature of their personal loyalties or objectives. When these commitments may influence a professional relationship, the school psychologist informs all concerned persons of relevant issues in advance.
4. School psychologists in all settings maintain professional relationships with students, parents, the school and community. Consequently, parents and students are to be fully informed about all relevant aspects of school psychological services in advance. The explanation should take into account language and cultural differences, cognitive capabilities, developmental level, and age so that the explanation may be understood by the student, parent, or guardian.
5. School psychologists shall attempt to resolve situations in which there are divided or conflicting interests in a manner which is mutually beneficial and protects the rights of all parties involved.
6. School psychologists do not exploit clients through professional relationships nor condone these actions in their colleagues. Students, clients, employees, colleagues, and research participants will not be exposed to deliberate comments, gestures, or physical contacts of a sexual nature. School psychologists do not engage in sexual relationships with students, supervisees, trainees, or past or present clients.
7. School psychologists attempt to resolve suspected detrimental or unethical practices on an informal level. If informal efforts are not productive, the appropriate professional organization is contacted for assistance, and procedures established for questioning ethical practice are followed.
   a. The filing of an ethical complaint is a serious matter. It is intended to improve the behavior of a colleague that is harmful to the profession and/or the public.
   b. School psychologists enter into this process thoughtfully and with concern for the well-being of all parties involved. They do not file or encourage the filing of an ethics complaint that is frivolous or motivated by revenge.
8. School psychologists respect the confidentiality of information obtained during their professional work. Information is revealed only with the informed consent of the client, or the client's parent or legal guardian, except in those situations in which failure to release information would result in clear danger to the client or others.
9. School psychologists discuss confidential information only for professional purposes and only with persons who have a legitimate need to know.
10. School psychologists inform their clients of the limits of confidentiality.

B. Students

1. School psychologists understand the intimate nature of consultation, assessment, and direct service. They engage only in professional practices which maintain the dignity and integrity of students and other clients.

2. School psychologists explain important aspects of their professional relationships with students and clients in a clear, understandable manner. The explanation includes the reason why services were requested, who will receive information about the services provided, and the possible outcomes.
3. School psychologists understand their obligation to respect the rights of a student or client to initiate, participate in, or discontinue services voluntarily.
4. Recommendations for program changes or additional service will be discussed, including any alternatives which may be available.

C. Parents, Legal Guardians, and Appointed Surrogates

1. School psychologists explain all services to parents in a clear, understandable manner. They strive to propose a set of options which takes into account the values and capabilities of each parent.
2. School psychologists recognize the importance of parental support and seek to obtain this by assuring that there is direct parent contact prior to seeing the student/client. They secure continuing parental involvement by a frank and prompt reporting to the parent of findings and progress that conforms to the limits of previously determined confidentiality.
3. School psychologists respect the wishes of parents who object to school psychological services and attempt to guide parents to alternative community resources.
4. School psychologists discuss recommendations and plans for assisting the student/client with the parent. The discussion includes alternatives associated with each set of plans, showing respect for the ethnic/cultural values of the family. The parents are advised as to sources of help available at school and in the community.
5. School psychologists discuss the rights of parents and students regarding creation, modification, storage, and disposal of confidential materials that will result from the provision of school psychological services.

D. Service Delivery

1. School psychologists are knowledgeable of the organization, philosophy, goals, objectives, and methodologies of the setting in which they are employed.
2. School psychologists recognize that an understanding of the goals, processes, and legal requirements of their particular workplace is essential for effective functioning within that setting.
3. School psychologists attempt to become integral members of the client systems to which they are assigned. They establish clear roles for themselves within that system and the local community.
4. School psychologists who provide services to several different groups may encounter situations when loyalties are conflicted. As much as possible, the stance of the school psychologist is made known in advance to all parties to prevent misunderstandings.
5. School psychologists promote changes in their employing agencies that will benefit their clients.

E. Community

1. School psychologists are also citizens, thereby accepting the same responsibilities and duties as any member of society. They are free to pursue individual interests, except to the degree that these compromise professional responsibilities.
2. School psychologists may act as individual citizens to bring about social change in a lawful manner. Individual actions should not be presented as, nor suggestive of representing the field of school psychology.
3. As employees or employers, in public or private domains, school psychologists do not engage in or condone practices that discriminate against clients based on race, handicap, age, gender, sexual preference, religion, national origin, economic status, or native language.
4. School psychologists avoid any action that could violate or diminish the civil and legal rights of clients.
5. School psychologists adhere to federal, state, and local laws and ordinances governing their practice. If regulations conflict with ethical guidelines, school psychologists seek to resolve such conflict through positive, respected, and legal channels.

F. Related Professions

1. To best meet the needs of students and clients, school psychologists cooperate with other professional disciplines in relationships based on mutual respect.

2. School psychologists recognize the competence of other professionals. They encourage and support the use of all resources to best serve the interests of students and clients.
3. School psychologists strive to explain their field and their professional competencies, including roles, assignments, and working relationships to other professionals.
4. School psychologists cooperate with other professionals and agencies with the rights and needs of their client in mind. If a client is receiving similar services from another professional, school psychologists promote coordination of services.
5. The student or client is referred to another professional for services when a condition is identified which is outside the professional competencies or scope of the school psychologist.
6. When transferring the intervention responsibility for a student or client to another professional, school psychologists ensure that all relevant and appropriate individuals, including the student/client when appropriate, are notified of the change and reasons for the change.
7. When school psychologists suspect the existence of detrimental or unethical practices, the appropriate professional organization is contacted for assistance in determining the procedures established by that profession for examining the practices in question.

G. Other School Psychologists

1. School psychologists who employ, supervise, or train other professionals accept the obligation to provide continuing professional development. They also provide appropriate working conditions, fair and timely evaluation, and constructive consultation.
2. School psychologists who supervise interns are responsible for all professional practices of the supervisees. They assure the students/clients and the profession that the intern is adequately supervised.

IV. Professional Practices Public and Private Settings

A. Advocacy

1. School psychologists consider the students or clients to be their primary responsibility, acting as advocates of their rights and welfare. When choosing a course of action, school psychologists take into account the rights of each individual involved and the duties of the school personnel.
2. School psychologists' concerns for protecting the rights and welfare of students is communicated to the school administration and staff, and is the top priority in determining services.

B. Assessment and Intervention

1. School psychologists will maintain the highest standard for educational and psychological assessment.
   a. In conducting psychological, educational, or behavioral evaluation, or in providing therapy, counseling, or consultation services, due consideration will be given to individual integrity and individual differences.
   b. School psychologists respect differences in age, gender, socioeconomic, cultural, and ethnic backgrounds. They select and use appropriate assessment or treatment procedures, techniques, and strategies.
2. School psychologists collect relevant data using valid and reliable instruments and techniques that are applicable and appropriate for the benefit of the student or client.
3. School psychologists combine observations, background information, and information from other disciplines in order to reach comprehensive conclusions.
4. School psychologists use assessment techniques, counseling and therapy procedures, consultation techniques, and other direct service methods that the profession considers to be responsible, research-based practice.
5. School psychologists do not condone the use of psychological or educational assessment techniques by unqualified persons in any way, including teaching, sponsorship, or supervision.
6. School psychologists develop interventions which are appropriate to the presenting problems and are consistent with data collected. They modify or terminate the treatment plan when the data indicate the plan is not achieving the desired goals.

C. Use of Materials and Technology

1. School psychologists maintain test security, preventing the release of underlying principles and specific content that would undermine the use of the device.

2. School psychologists uphold copyright laws. Permission is obtained from authors to reproduce non-copyrighted published instruments.
3. School psychologists will obtain written prior consent or else remove identifying data presented in public lectures or publications.
4. When producing materials for consultation, treatment, teaching, public lectures, or publication, school psychologists acknowledge sources and assign credit to those whose ideas are reflected in the product. Recognition is given in proportion to the contribution. Plagiarism of ideas or product is a violation of professional ethics.
5. School psychologists do not promote or encourage inappropriate use of computer-generated test analyses or reports. For example, a school psychologist would not offer an unedited computer report as one's own writing, nor use a computer scoring system for tests in which one has no training.
6. School psychologists maintain full responsibility for any technological services used. All ethical and legal principles regarding confidentiality, privacy, and responsibility for decisions apply to the school psychologist and cannot be transferred to equipment, software companies, or data processing departments.
7. Technological devices should be used to improve the quality of client services. School psychologists will resist applications of technology that ultimately reduce the quality of service.

D. Research and Evaluation

1. In performing research, school psychologists accept responsibility for selection of topics, research methodology, subject selection, data gathering, analysis and reporting.
2. In publishing reports of their research, school psychologists provide discussion of limitations of their data and acknowledge existence of disconfirming data, as well as alternate hypotheses and explanations of their findings.

E. Reporting Data and Conference Results

1. School psychologists ascertain that student or client information reaches only authorized persons.
   a. The information is adequately interpreted so that the recipient can better help the student or client.
   b. The school psychologist assists agency recipients to establish procedures to properly safeguard the confidential material.
2. School psychologists communicate findings and recommendations in language readily understood by the intended recipient. These communications describe potential consequences associated with the proposals.
3. School psychologists prepare written reports in such form and style that the recipient of the report will be able to assist the student or client. Reports should emphasize recommendations and interpretations; reports which present only test scores or brief narratives describing a test are seldom useful. Reports should include an appraisal of the degree of confidence which could be assigned to the information.
4. School psychologists review all of their written documents for accuracy, signing them only when correct.
5. School psychologists comply with all laws, regulations, and policies pertaining to the adequate storage and disposal of records to maintain appropriate confidentiality of information.

V. Professional Practices—Private Settings

A. Relationship With School Districts

1. Some school psychologists are employed in both the public and private sectors, and in so doing, may create a conflict of interest. School psychologists operating in both sectors recognize the importance of ethical standards, the separation of roles, and take full responsibility for protecting and completely informing the consumer of all potential concerns.
2. A school psychologist, while working in the private sector, may not accept any form of remuneration from clients who are entitled to the same service provided by the same school psychologist while working in the public sector.
3. School psychologists in private practice have an obligation to inform parents of any free school psychological services available from the public or private schools prior to delivering such services for remuneration.
4. School psychologists working in both public and private sectors will conduct all private practice outside of the hours of contracted public employment.

5. School psychologists engaged in private practice do not use tests, materials, equipment, facilities, secretarial assistance, or other services belonging to the public sector employer, unless approved in advance through a written agreement.

B. Service Delivery

1. School psychologists conclude a financial agreement in advance of service delivery.
   a. School psychologists ensure to the best of their ability that the client clearly understands the agreement.
   b. School psychologists neither give nor receive any remuneration for referring clients for professional services.
2. School psychologists in private practice adhere to the conditions of a contract until service thereunder has been performed, the contract has been terminated by mutual consent, or the contract has otherwise been legally terminated.
3. School psychologists in private practice prevent misunderstandings resulting from their recommendations, advice, or information. Most often, direct consultation between the school psychologist in private practice and the school psychologist responsible for the student in the public sector will resolve minor differences of opinion without unnecessarily confusing the parents, yet keep the best interests of the student or client in mind.
4. Personal diagnosis and therapy are not given by means of public lectures, newspaper columns, magazine articles, radio and television programs, or mail. Any information shared through mass media activities is general in nature and is openly declared to be so.

C. Announcements/Advertising

1. Appropriate announcement of services, advertising, and public media statements may be necessary for school psychologists in private practice. Accurate representations of training, experience, services provided, and affiliation are done in a restrained manner. Public statements must be made on sound and accepted theory, research, and practice.
2. Listings in telephone directories are limited to the following: name/names, highest relevant degree, state certification status, national certification status, address, telephone number, brief identification of major areas of practice, office hours, appropriate fee information, foreign languages spoken, policy regarding third party payments, and license number.
3. Announcements of services by school psychologists in private practice are made in a formal, professional manner, using the guidelines of section 2, above. Clear statements of purposes with unequivocal descriptions of the experiences to be provided are given. Education, training, and experience of all staff members are appropriately specified.
4. School psychologists in private practice may use brochures in the announcement of services. The brochures may be sent to professional persons, schools, business firms, governmental agencies, and other similar organizations.
5. Announcements and advertisements of the availability of publications, products, and services for sale are professional and factual.
6. School psychologists in private practice do not directly solicit clients for individual diagnosis or therapy.
7. School psychologists do not compensate in any manner a representative of the press, radio, or television in return for personal professional publicity in a news item.

References

American Psychological Association, "Amendments in CSPEC's Rules and Procedures," as documented in the nonconfidential minutes of CSPEC's Action Agenda, Feb. 22-23, 1980.

_____. *Ethical Standards of Psychologists*, Washington, DC: American Psychological Association, Inc., 1977.

_____. "Rules and Procedures—Committee on Scientific and Professional Ethics and Conduct," *American Psychologist*. Sep. 1974, pp. 703-10.

Bersoff, D.N. "Review of CSPEC Rules and Procedures," American Psychological Association Memorandum, Feb. 6, 1980.

Illinois Psychological Association, "Revised Procedural Guidelines for Ethic Committee," *Illinois Psychologist*. Jan.-Mar. 1975, pp. 23-31.

Illinois School Psychologists Association, "Procedures for Handling Complaints of Alleged Violations of Ethical Principles," Sep. 1980.

National Association of School Psychologists, "National School Psychology Certification System," NASP Operations Handbook, Apr. 1990.

_____. *Principles for Professional Ethics*, Oct. 1974.

_____. "Procedures for Handling of Complaints of Alleged Violations of Ethical Principles," Oct. 1974.

National Association of Social Workers: Standards for School Social Work Services

Reprinted with permission of the National Association of Social Workers (NASW), copyright 1992.

I. Standards of Competence and Professional Practice

For the purposes of this document, *competence* is defined as the synthesis of professional behaviors that integrate knowledge, skills, and activities in the performance of the tasks of school social work. *Professional practice* relates to the standards of ethics, provision of services, and responsibilities that school social workers are expected to maintain.

The term "local education agency" is used throughout this document to refer to any local or regional public education system and is consistent with the wording of federal legislation.

Standard 1. A school social worker shall demonstrate commitment to the values and ethics of the social work profession and shall use NASW's professional standards and *Code of Ethics* as a guide to ethical decision making.

This commitment is demonstrated through

1. the recognition of basic human rights, including the right of all people to human services;
2. the willingness to accept some degree of personal and professional risk and to act upon professional judgment and convictions; and
3. the recognition that change is constant and requires school social workers to remain current by continuously scrutinizing and improving theory, policy, and practice.

As integral members of the staffs of local education agencies, school social workers have a responsibility to know and comply with federal, state, and local legislation, regulations, and policies, as well as the standards of the social work profession. In the event that conflict arises among competing expectations, school social workers shall be guided by the NASW *Code of Ethics* in ethical decision making.

Standard 2. As leaders or members of interdisciplinary teams, school social workers shall work collaboratively to mobilize the resources of the local education agencies and the community to meet the needs of children and families.

School social workers bring their unique skills and systems perspective to the assessment and diagnosis of children's needs.

As team leaders or members, school social workers initiate and support activities to overcome institutional barriers and gaps in services. School social workers must demonstrate trust, open communication, mutual respect, ongoing collaboration, and effective coordination that facilitate the achievement of the objectives of the interdisciplinary team.

Standard 3. School social workers shall develop and provide training and educational programs that address the goals and mission of the educational institution.

School social workers shall provide inservice training programs for teachers, other personnel of the local education agency, and the staff of community agencies. These programs may involve teamwork and collaboration with other disciplines. The content should address the prevention, intervention, and/or remediation of those factors that affect children's success in school.

Standard 4. School social workers shall organize their time, energies, and work loads to fulfill their responsibilities and complete assignments with due consideration of the priorities among their various responsibilities.

School social workers must manage their work in an efficient and effective manner. Because many local education agencies have insufficient support staff, priorities must be established on the basis of their impact on children's well-being, the availability of other resources, and the social worker's professional skills.

Standard 5. School social workers shall maintain accurate data that are relevant to the planning, management, and evaluation of the school social work program.

The utilization of records and statistics is one way for school social workers to demonstrate their accountability and value to the administration of the local education agency and to the community.

Analyses of activity reports, program statistics, and outcome measures can support the utilization and expansion of school social work services to better meet the needs of children and families. Appropriate guidelines of confidentiality must be maintained.

Standard 6. School social workers shall be responsible for identifying individual children and target populations in need of services. They shall do so through a process of needs assessment that includes planned consultation with personnel of the local education agency, community representatives, and children and their families.

Needs assessment is the foundation of effective program planning for children and families. It includes a study of biopsychosocial factors that interfere with children's adjustment to and performance in school. More specifically it involves assessing the following:

1. the child's physical, cognitive, and emotional development and family history;
2. the child's behavior and attitudes in different settings;
3. patterns of interpersonal relationships as observed in the family, local education agency, and community;
4. reports on the child's behavior by teachers and other staff of the local education agency;
5. formal and informal policies of the local education agency and other institutional factors that may affect the child's behavior;
6. patterns of achievement and adjustment at critical points in the child's growth and development; and
7. the existence, accessibility, and utilization of community resources for children and families.

Standard 7. School social workers shall know how to use objective measures and shall integrate them into their evaluation and subsequent development of reports, when appropriate.

School social workers should be skilled in the utilization of various objective measures that are appropriately administered by social workers including measures of adaptive behavior, self-esteem, social skills, attitudes, emotional health, and interests. When they are incorporated into a comprehensive assessment, these measures lend additional support to the school social worker's recommendations.

Standard 8. Following an assessment, the school social worker shall develop and implement a plan of intervention or, when the most suitable intervention is not available, shall develop an alternative plan that will enhance children's ability to benefit from their educational experience.

A plan is based on an assessment that is relevant to the concerns of the referral and includes goals, objectives, and interventions to achieve desired outcomes; methods of evaluation; and outcome criteria. The plan is designed to enhance children's positive educational experiences and involves the family, other team members, and school and community resources as appropriate.

Standard 9. School social workers, as systems change agents, shall identify areas of need that are not being addressed by the local education agency and community and shall work to create those services.

The school social worker will initiate activities to address deficiencies in resources and services of the local education agency or community that affect the ability of groups of children to benefit from the educational system. These activities may include documentation of the problems, presentation of the problems to the appropriate persons in the local education agency or community, and the promotion of action among educators, other professionals, and citizens. Advocacy for these changes should include work on and leadership of committees and advisory boards at the local, state, regional, and national levels.

Standard 10. School social workers shall provide consultation to personnel of the local education agency, members of school boards, and representatives of the community to promote understanding and the effective utilization of school social work services.

School social workers provide consultation to facilitate the development of an understanding of factors in the home, local education agency, and community that affect the child's educational experience. They also act as consultants on policy matters, including such issues as discipline, suspension, expulsion, attendance, confidentiality, multicultural factors, and child abuse and neglect.

School social workers must be constantly aware of the overall goals, objectives, and tasks of their particular specialty and successfully interpret them to personnel of the local education agency, so that their primary professional activities and competencies are maintained and increased.

Standard 11. School social workers shall ensure that children and their families are provided services within the context of multicultural understanding and sensitivities that enhance the families' support of the children's learning experiences.

Increasing diversity in our nation's classrooms demands that school social workers increase their awareness and appreciation of cultural differences. School social workers must develop cultural competencies that include heightened self-awareness, knowledge, and practice skills. They must also recognize racial and ethnic barriers within the local education agency and develop strategies to lessen and overcome the negative effects of the barriers on children and the climate of the local education agency.

Standard 12. School social work services shall be extended to children in ways that build on the children's individual strengths and that offer them maximum opportunity to participate in the planning and direction of their own learning experiences.

In developing a plan of action, school social workers must consider the characteristics of an individual child and the capacity of all children to communicate about themselves, to choose among options, and to be involved in directing their own learning.

Standard 13. School social workers shall empower children and their families to gain access to and effectively use formal and informal community resources.

Empowerment is based on the principle of using family strengths and structure to enable families to function as advocates for themselves and their children.

It is particularly appropriate for school social workers to identify and confer with individuals who function as formal or informal leaders in their communities in order to develop and enhance the natural helping networks that can complement the formal services of the local education and community agencies.

Standard 14. School social workers shall maintain adequate safeguards for the privacy and confidentiality of information.

School social workers must be familiar and comply with the various legal mandates related to confidentiality. Professional judgment in the use of confidential information shall be based on legal and ethical considerations. Children, families, and other professionals should be informed of the limitations and requirements of confidentiality when services are initiated.

Standard 15. School social workers shall be trained in and use mediation and conflict-resolution strategies to resolve children's educational problems.

Attempts are often made to resolve conflicts and impasses between parents and the local education agency through formal, costly, and often adversarial due process procedures. Mediation is a structured yet flexible way to clarify issues, work through hidden agendas, and achieve compromises and solutions. Conflict resolution and problem solving in a broader sense are effective strategies that school social workers should use both to undo the results of nonproductive encounters among students, parents, and school and agency personnel and to build positive, collaborative relationships. School social workers are, by training and experience, well suited to these roles and should seek opportunities to engage in these processes.

Standard 16. School social workers shall advocate for children and their families in a variety of situations.

Effective advocacy can best be accomplished when school social workers keep informed about court decisions, legislation, rules and regulations, and policies and procedures that affect school social work practice. Of particular concern are issues such as suspension and expulsion, institutional racism, discrimination, homophobia, corporal punishment, and sexism. In addition, advocacy should support the needs of immigrants and refugees, homeless people, persons with human immunodeficiency virus (HIV) infection or acquired immune deficiency syndrome (AIDS), substance abusers, and other at-risk populations.

II. Standards of Professional Preparation and Development

Professional preparation and development relate to the level of training required for school social work practice. In addition, the enhancement of knowledge and skills is essential and requires ongoing efforts by school social workers.

Standard 17. School social workers shall possess knowledge and understanding that are basic to the social work profession and specialized knowl-

edge and understanding of the local education agency, of the process of education, and of relevant legislation and due process.

Areas of required knowledge are as follows:

A. Human behavior and the social environment, including a variety of theoretical perspectives. Specifically, knowledge in this area involves an understanding of
   1. theories of human growth and development, including learning theory, systems theory, communications theory, social learning theory, and behavioral theory;
   2. cultural, racial, and ethnic diversity;
   3. the needs of at-risk children and children with disabilities; and
   4. biological factors that affect children's ability to function effectively in school.

B. The nature of systematic assessment and investigation and their essential functions in the professional practice of social work. Specifically, knowledge in this area includes an understanding of
   1. methods of gathering data and making inferences from data in order to conduct assessments and plan interventions;
   2. performance objectives and measurable outcomes and the means to assess the effects of intervention;
   3. scientific investigation and the requirements of research designs;
   4. the use of the scholarly literature and research; and
   5. the concept of accountability in practice and research.

C. Methods of social work intervention, including an understanding of
   1. the dynamic interaction of knowledge, feelings, attitudes, and behaviors between two or more people that is encompassed in the term "relationship," and the purposeful and professional aspects of social workers' use of relationship and
   2. the basic methods of social work intervention, including counseling, crisis intervention, casework, group work, community organization, consultation, case management, family therapy, and affective education strategies.

D. The organization and structure of the local education agency, particularly an understanding of
   1. systems theory and theories of organizational functioning;
   2. a historical perspective of the purposes of public school education, previous attempts to reform education, and the characteristics of children whom the local education agencies have been expected to serve;
   3. the nature and scope of the authority of the local education agency's board;
   4. a broad view of educational policy issues and problems, including financing of the local education agency;
   5. the politics of school-community relations in shaping educational policy and the effects of different types of school-community power structures;
   6. legislation affecting educational opportunity;
   7. the curriculum and approaches to teaching and learning used in the local education agency;
   8. child and staff subcultures in the local education agency;
   9. roles and areas of competence of various professionals in the local education agency; and
   10. the process of teamwork.

E. Understanding of the characteristics and reciprocal influences of the home, school, and community. This requirement implies comprehension of
   1. family dynamics that have an impact on the child's adjustment in the school and community;
   2. typical and alternative organizational structures, functions, and leadership in the community; and
   3. social welfare policies, programs, and resources in the community.

Standard 18. School social workers shall develop skills for effective service to children, families, personnel of the local education agency, and the community.

Models of school social work practice should be developmental, not static and should use an ecological perspective. Skills required to implement such models include the following:

1. interviewing and other forms of oral and written communication with all persons in the client system;
2. using empathy to develop helping relationships with the diverse persons in the client system;
3. systematically observing and assessing the needs, characteristics, and interactions of chil-

dren, families, personnel in the local education agency, and individuals and groups in the neighborhood and community;
4. collecting appropriate information to document and assess aspects of the biological, medical, psychological, cultural, sociological, emotional, legal, and environmental factors that affect children's learning;
5. selecting and applying the most effective intervention methods and techniques to enhance the child's educational experience;
6. advocating for the needs of children and families;
7. demonstrating effective leadership of and participation in interdisciplinary teams;
8. providing consultation with families, personnel of the local education agency, and agency and community representatives to achieve common goals;
9. maintaining an effective liaison among families, the local education agency, and the community;
10. making effective referrals to resources in the local education agency and the community;
11. providing case-management services;
12. collaborating with community agencies in school-linked service projects or other programs to solve specific problem situations or to develop new resources for children and their families;
13. identifying and developing resources within and outside the local education agency;
14. coordinating the services of the local education agency and community agency to implement effective intervention programs;
15. administering a work load, including the efficient determination of priorities and the allocation of time for various tasks;
16. conducting research for developing and evaluating programs;
17. assessing the effectiveness of one's interventions;
18. participating in curriculum-development teams;
19. interpreting the effectiveness of social work services to administrators of the local education agency and other appropriate persons;
20. conducting inservice training in areas of social work expertise; and
21. analyzing and influencing policy at the local, state, regional, and national levels.

Standard 19. School social workers shall meet the standards for practice set by NASW, as well as the standards established by the states.

As a distinct specialty within the profession, school social work requires specialized training to work effectively within the educational system. The school social work content may be included within or beyond a program accredited by the Council on Social Work Education (CSWE).

School social workers shall have a social work degree from a social work program accredited by the CSWE. The School Social Work Specialist credential, established by NASW, is the recommended requirement for school social work practice.

Standard 20. School social workers shall assume responsibility for their own continued professional development.

Because of the changing nature of the fields of social work and education, school social workers have professional responsibility for the continued development of their knowledge and skills and for remaining current in these fields. They should also develop and use support systems that enhance their personal growth and professional identity.

Professional responsibilities include participation and leadership in NASW and other professional associations at the local, state, regional, and national levels; contribution to and participation in staff-development activities and professional conferences; and contributions to and the promotion of professional publications.

Standard 21. School social workers shall contribute to the development of the profession by educating and supervising social work interns.

Field instruction may be provided through the supervision of social work interns in the schools and through the provision of other appropriate learning experiences in relation to social work practice in schools.

III. Standards of Administrative Structure and Support

An effective school social work program must have adequate administrative structure and support. Although NASW recognizes that the local education agency, with state and federal guidance, will dictate the nature and type of organization and support that school social work services receive, these standards are intended to serve as a guide to the development of such structure and support.

Standard 22. School social work services should be provided by credentialed school social workers who are employees of the local education agency as part of integrated services to children.

Local education agencies are responsible for the type and quality of services provided to children. School social work services are best provided by the direct employment of credentialed school social workers.

Because of their specialized knowledge and skills, school social workers should have a role in coordinating and facilitating mental health and social services that are provided in the local education agency by nonagency employees to assure that these services are educationally relevant for children and their families.

Standard 23. Social workers in schools should be designated "school social workers."

"School social worker" is the position title that correctly identifies the person's educational background, profession, and function. Other titles, such as "attendance officer," "pupil personnel worker," "home and school visitor," "home-school coordinator," or "visiting teacher," project incomplete or misleading notions of the school social worker's qualifications and functions.

Standard 24. The administrative structure of the local education agency should show clear lines of support and accountability for the school social work program.

The administrative structure and organization of the local education agency should provide for optimum utilization of the school social work staff and resources. Realistic job descriptions, working conditions, and work load standards are essential. This administrative structure necessitates a mechanism for the regular review of the goals and objectives, their accomplishment, and the essential resources of the school social work program.

Standard 25. The administrative structure established by the local education agency should provide for appropriate school social work supervision.

The local education agency has the responsibility for administrative and technical supervision to ensure high-quality services. Supervisors of school social work programs should be credentialed and experienced MSW school social workers.

Special provisions for social work supervision are indicated for inexperienced school social workers in certain areas in which one or few such social workers serve an entire local education agency.

Standard 26. The local education agency should employ school social workers with the highest level of qualification for entry-level practitioners.

A master of social work (MSW) degree from a CSWE-accredited program is the recommended entry-level qualification for school social work and is required for the NASW School Social Work Specialist credential. When the school social work staff includes some persons whose highest degree is a bachelor of social work (BSW) degree and others who have an MSW, tasks shall be assigned differentially in a manner that takes into account the staff's levels of education and demonstrated competence. Both BSW and MSW staff members should be given the opportunity to use and extend their competence to the fullest.

Standard 27. A local education agency's classification and salary schedule should provide for school social workers' positions and salaries at a level appropriate to their education, experience, and responsibilities. Classifications and salaries should be formulated by procedures that are consistent with those of similarly qualified professional personnel of the local education agency.

School social workers with MSW degrees should be paid within an administrative salary schedule that is warranted by their education, experience, and responsibilities. Procedures used in setting school social workers' salaries must be fair and responsive to the particular level of education, experience, and responsibilities of the school social work staff.

Standard 28. The local education agency should provide a work setting that permits social workers to use their competencies effectively.

School social workers need basic work resources to ensure privacy and confidentiality to children and families and to be most effective in their work. These basic resources include an office with a telephone; clerical support; an adequate budget for professional materials, supplies, and activities; and adequate private facilities in each school site for meeting (individually and in small groups) with children, families, and personnel of the local education agency.

Standard 29. The local education agency should provide opportunities for social work staff to engage in a program of social work inservice training and staff development.

Local education agencies should provide opportunities for the school social work staff to develop,

implement, and participate in inservice training, staff development, and leadership activities.

Staff-development opportunities are particularly important for social workers in local education agencies whose work situations require a considerable degree of self-regulated practice. The opportunity for staff development both within and outside the local education agency can be offered in a variety of ways, including staff workshops with leaders from social work and related disciplines, a reasonable number of days off to attend or lead meetings that offer a means of extending skills and learning new ones, and leaves for continuing education.

Standard 30. The goals, objectives, and tasks of a school social work program should be clearly and directly related to the mission of the local education agency, the educational process, and the use of educational opportunities by children.

School social workers must anticipate and adapt to the constant changes and restructuring that are prevalent in education. They should take a proactive role in the local education agency's reform and restructuring initiatives.

School social work programs and activities must respond to emerging educational trends that stress prevention, early intervention, school readiness, parent education, and service integration for children from birth through secondary education.

Standard 31. All school social work programs, new or long standing, should be evaluated on an ongoing basis to determine their relevance, effectiveness, efficiency, and contributions to the process of educating children.

Through the ongoing evaluation of their program, members of the school social work staff demonstrate the program's accountability to the population served, the educational system, the public, and the standards and ethics of the social work profession.

The method used in program evaluation should be reassessed periodically. When indicated, consultation should be sought to improve the setting of objectives related to children's problems, the identification of appropriate tasks to be performed to meet those objectives, and the measuring of the outcomes of the service.

Staff reporting forms and other ways of recordkeeping should be reviewed periodically to ensure that they are consonant with the tasks performed. The school social worker must establish a clear and rational basis for selecting a method of program evaluation.

Standard 32. Each state department of education should employ a state school social work consultant who is a credentialed and experienced MSW school social worker.

The state school social work consultant is responsible for

1. advocating for the inclusion of school social work programs and services at the local level;
2. influencing legislative and regulatory efforts related to education;
3. providing technical assistance to local educational agencies in the development and implementation of school social work programs;
4. ensuring that school social work programs are integrated with other school programs statewide;
5. providing leadership and technical assistance in the development of standards and certification for school social workers;
6. collaborating with other service programs within the department of education; and
7. representing their state in regional, state, and national activities related to school social work.

Standard 33. The local education agency should establish and implement a school social worker-student population ratio to ensure reasonable work load expectations.

Appendix K

State and National Pupil Services Associations

National Associations

National Association of Pupil Services Administrators

1250 North Pitt Street
Alexandria, VA 22314
(617) 730-2444

American School Counselor Association

Mary Gehrke, President
5999 Stevenson Avenue
Alexandria, VA 22304
(703) 823-9800

National Association of School Nurses

Beverly Farquhar, Executive Director
P.O. Box 1300
Scarborough, ME 04070-1300
(207) 883-2117

National Association of School Psychologists

Susan Gorin, Executive Director
8455 Colesville Road
Suite 1000
Silver Spring, MD 20910-3319
(301) 608-0500

National Association of Social Workers

Sheldon Leonard, Executive Director
750 First Street, Suite 7000
Washington, DC 20002-4241
(202) 408-8600

State Associations

Wisconsin Council of Administrators of Special Services

Steve LaVallee, Co-President
Adams-Friendship Public Schools
420 North Main Street
Adams, WI 53910
(608) 339-3213

John Gruenloh, Co-President
Wisconsin Rapids School District
510 Peach Street
Wisconsin Rapids, WI 54494
(715) 422-6003

School Nurses of Wisconsin

Linda Turner, President
930 Holland
Delavan, WI 53115
(414) 728-6366

Wisconsin School Counselors Association

Jeanette Gallus, President
West High School
610 N. Badger
Appleton, WI 54914
(414) 832-4125

Wisconsin School Psychologists Association

Doug Smith, President
309 West Charlotte
River Falls, WI 54022
(715) 425-3889

Wisconsin School Social Workers Association

David Weingrod, President
2314 E. Newton Avenue
Shorewood, WI 53211
(414) 383-375

Training Programs in Wisconsin

School Counselor

Marquette University
Dr. Terrence Wong, Assistant Dean
Counselor Education Program
School of Education
Schroeder Complex
Milwaukee, WI 53233
(414) 288-7375
(414) 288-7376

UW-Madison
Dr. Philip A. Perrone, Internship Coordinator
Dr. Charles J. Pulvino, Chairperson
Department of Counseling Psychology
321 Education Building, Box 56
1000 Bascom Mall
Madison, WI 53706
(608) 262-0461

UW-Milwaukee
Dr. Douglas Mickelson, Chairperson
Department of Education Psychology
Counselor Education Area
Milwaukee, WI 53201
(414) 229-4767

UW-Oshkosh
Dr. Robert I. Havens, Internship Coordinator
Dr. Margaret Olson, Chairperson
Department of Counselor Education
Oshkosh, WI 54901
(414) 424-1475

UW-Platteville
Dr. Nick A. Johansen, Internship Coordinator
Dr. Joan Riedl, Chairperson
Department of Psychology and Counseling
171 Doudna Hall
Platteville, WI 53818
(608) 342-1252

UW-River Falls
Dr. Doug Smith, Department Chairperson
School Psychology
College of Education
Department of Counseling and School Psychology
River Falls, WI 54022
(715) 425-3889

UW-Stout
Dr. Mary Hopkins-Best, Interim Chair
Dr. Dennis Van Den Heuvel, Internship Coordinator
Department of Counseling and Psychological Services
225 Vocational Rehabilitation Building
Menomonie, WI 54751
(715) 232-2252

UW-Superior
Dr. Clyde Ekbom, Internship Coordinator
Dr. James Holter, Chairperson
Counselor Education Department
College of Professional Studies
McCaskill Hall, Room 111
Superior, WI 54880
(715) 392-0609

UW-Whitewater
Dr. David Van Doren, Chairperson
Department of Counselor Education
Winther Hall 6035
Whitewater, WI 53190
(414) 472-5416

School Nursing / School Health Services

Marquette University
Ardene Brown, R.N., Ph.D.
Associate Professor
College of Nursing
Emory Clark Hall
Milwaukee, WI 53233
(414) 288-3818

UW-Madison
Pat Lasky, R.N., Ph.D.
Professor and Associate Dean for Academic Affairs and Outreach
School of Nursing
600 Highland Avenue
Madison, WI 53792
(608) 263-5171

UW-Eau Claire
Elaine Wendt, R.N., Ph.D.
Family Health Nursing
School of Nursing
Eau Claire, WI 53702
(715) 836-5007

School Psychology

Marquette University
Dr. Rebecca Bardwell, Coordinator
School Psychology Program
School of Education
Milwaukee, WI 53233
(414) 288-1430

UW-Eau Claire
Dr. Bill Frankenberger, Director
School Psychology Program
Eau Claire, WI 54702
(715) 836-5604

UW-La Crosse
Dr. Robert Arthur, Chairperson
School Psychology Program
La Crosse, WI 54601
(608) 785-8441

UW-Madison
Dr. Thomas Kratchowill, Chairperson
School Psychology Program
Department of Educational Psychology
1025 West Johnson Street
Madison, WI 53706
(608) 262-5912

UW-Milwaukee
Dr. Ann Teeter, Chairperson
School Psychology Program
Department of Educational Psychology
Milwaukee, WI 53201
(414) 229-5286

UW-River Falls
Dr. Doug Smith, Director
Department of Counseling and School Psychology
River Falls, WI 54022
(715) 425-3889
(715) 425-8683

UW-Stout
Dr. Calvin Stoudt, Director
Department of Counseling and School Psychology
School of Education
Clinical Services Center
Health Sciences Building
Menomonie, WI 54751
(715) 232-1442

UW-Superior
Dr. Janice Kuldau, Chairperson
School Psychology Program
Department of Psychology
Superior, WI 54880
(715) 394-8316
(715) 394-8381

UW-Whitewater
Dr. James Larson, Director
School Psychology Program
Department of Psychology
Whitewater, WI 53190
(414) 472-5412
(414) 472-1026

School Social Work

UW-Madison
Dr. Irving Piliavin, Director
School of Social Work
1350 University Avenue
Madison, WI 53706
(608) 263-3660

UW-Milwaukee
James Blackburn, Dean
School of Social Welfare
P.O. Box 786
Milwaukee, WI 53201
(414) 229-4851

Director of Special Education / Pupil Services

UW-Madison
Michael Subkoviak, Dean
School of Education
123 Education Building
1000 Bascom Mall
Madison, WI 53706-1398
(608) 262-6137

UW-Milwaukee
Gail Schneider, Interim Dean
School of Education
P.O. Box 413
Milwaukee, WI 53201
(414) 229-4181

UW-Superior
Karen Bahnick, Interim Dean
College of Professional Studies
210C Old Main
Superior, WI 54880
(715) 394-8544

ISBN 1-57337-016-9